In January 2002, the Roche AmpliCare Initiative began in Sub-Saharan Africa

Live Your Story.
Today, through the power of knowing, children throughout the continent are leading fuller lives. They are part of the 6 000 000 infants tested for HIV through the proactive Roche AmpliCare Initiative. By answering the need for access to diagnostics and monitoring tools for HIV/AIDS in the world’s least developed countries, Roche is dedicated to helping more people live their stories.
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You are invited to attend the

**ASLM2016**

Awards Ceremony and Reception!

**WHEN:** Thursday, 8 December, 16:20

**WHERE:** CTICC Auditorium 1, Cape Town, South Africa

The biennial ASLM Awards Ceremony recognises individuals and laboratories committed to strengthening laboratory medicine in Africa.

“At a time when medical laboratories are vital for global health stability and security, ASLM2016 is leading the way to recognise excellence in laboratory innovation and dedicated medical professionals,” says ASLM CEO, Dr. Ali M. Elbireer.

The ASLM2016 Awards Ceremony will be held in the Cape Town International Conference Centre (CTICC) main auditorium on Thursday afternoon, 8 December, to publicly honour the winners of four categories

**ASLM Certificate of Recognition for Accreditation of Government Laboratories**
Recognises newly-accredited and re-accredited government laboratories in Africa

**Best Laboratory Practice Award**
Encourages and recognises a sustainable laboratory improvement or best practice leading to tangible and replicable outcomes for enhanced quality in laboratory systems and patient care

**Best Laboratory Champion Clinician Award**
Promotes and recognises clinicians in the field of laboratory science with profound impact and benefit to public health

**ASLM Lifetime Achievement Award**
Recognises an individual playing an exceptional leadership role in the laboratory sciences

**AWARDS CEREMONY SPONSORS:**

Abbott
A Promise for Life

Cepheid
A Better Way.
Dear Distinguished Guests and Colleagues,

On behalf of the South African people and the National Department of Health, it is with great pleasure that I welcome you to the third international conference of the African Society for Laboratory Medicine (ASLM2016) held in Cape Town, South Africa on 3-8 December 2016. This year’s theme “Laboratory Medicine in Africa: Combatting Global Health Threats Together,” resonates strongly with South Africa’s healthcare policies and strategies to improve health services provided to our people through harmonized national and regional approaches and agreements.

The ASLM’s role, as an independent, pan-African professional body is now more important than ever. The 2014 Ebola epidemic, has reminded us how interconnected the world is and the significance of working together to detect, prevent, and respond to global health threats effectively. Essential to this process are integrated tiered laboratory networks and surveillance systems. The ASLM has played an important role in strengthening laboratory networks and improving the quality of services since the adoption of the 2008 Maputo Declaration and the ASLM2012 Ministerial Call to Action. These successes have contributed significantly to the scale-up of quality diagnostic services for HIV, tuberculosis, and malaria in particular.

South Africa is proud to host the third ASLM international conference, supported by the South African National Health Laboratory Service. During this conference, I encourage everyone to actively participate in the diverse seminars, workshops and scientific sessions on offer. And just as the theme suggests, we must come together, think collectively, and work with ASLM to scale up local solutions together.

Finally, I would like to welcome participants from all over the world to the beautiful city of Cape Town. I wish you all a productive and exciting conference, and encourage you to take some time during this week to experience the culture and history of the city of Cape Town as well.

Best wishes for a successful conference,

Dr. Aaron Motsoaledi
Minister of Health, South Africa
Dear Colleagues,

It is a privilege and an honour to welcome you to ASLM2016. We are proud to bring together leaders and professionals from Africa and across the world to discuss current global health threats, and the contribution laboratories can make to accelerate the development of solutions. At ASLM, we believe that strong laboratory networks coupled with good surveillance strategies are needed to combat global health threats.

ASLM continually aims to strengthen laboratories and networks throughout Africa through the following ASLM2020 vision and strategic goals:

- To strengthen the laboratory workforce by training and certifying 30,000 laboratory professionals and clinicians by 2020 through standardised frameworks.

- To transform laboratory testing quality by enrolling 2,500 laboratories in accreditation and quality improvement programmes, enabling 250 laboratories to achieve accreditation by international standards before 2020.

- To work with Africa’s seven regional economic communities, to ensure patient safety by developing strong, harmonised regulatory systems for diagnostic products as defined by the Global Harmonization Taskforce in at least 25 countries by 2020.

- To strengthen national laboratory networks and promoting South-South collaboration by developing laboratories that participate in an African network of national public health reference laboratories in at least 30 countries by 2020.

During this conference, we look forward to hearing about successful collaborations and progress made toward strengthening laboratory systems in Africa. We also aim to form new collaborations and harness the diversity and vast knowledge of participants to develop innovative, pragmatic solutions to address global health threats.

We thank you for participating and look forward to a successful, productive ASLM2016!

Dr. Ali Elbireer
Chief Executive Officer, African Society for Laboratory Medicine
Dear ASLM2016 participants,

It is with great pride and enthusiasm that we welcome you to the 3rd international conference of the African Society for Laboratory Medicine. ASLM2016 comes in the wake of an Ebola epidemic that had devastating impacts on health, economies and societies throughout the continent, but also mobilized resources to reinforce health systems in many African countries. As the global attention generated by Ebola fades, we must work together to build on the progress we made prior to Ebola and continue to strengthen our health systems.

Laboratories face unique challenges in the context of health systems strengthening, as they must deliver and deploy appropriate, high quality and cost-effective tools and services both at the point-of-care and in the clinic. ASLM2016, Africa’s leading technical conference and exposition for laboratory medicine professionals, is uniquely positioned to address these challenges.

The conference brings together over 1,200 global leaders from more than 50 countries to discuss how advances in technology, training, workforce development and regulatory frameworks can address challenges and facilitate laboratory improvements throughout the continent. Over the next six days, there are over 50 seminars and 400 plenary, symposia, roundtable, oral and poster presentations to facilitate discussions and collaborative thinking.

We hope that ASLM2016 participants will learn and actively participate in the conference, in addition to connecting with fellow professionals from across the world. We have a unique opportunity in Africa to leverage advances for substantial improvements in laboratory quality and cost-effectiveness, even in the face of limited resources. However, continent-wide impacts will only be felt if there is continent-wide collaboration. We look forward to your participation and support to help us continue to make this Africa’s foremost meeting for laboratory professionals.

Professor Anthony Emeribe & Professor Wendy Stevens
Co-chairs, African Society for Laboratory Medicine 2016 Conference
ABBOTT REALTIME

Leading science for your lab. Unparalleled menu consolidation on a single platform.

m2000 Menu

RealTime HIV-1
RealTime HIV-1 Qualitative
RealTime HIV DBS
RealTime HCV
RealTime HCV Genotyping II
RealTime HBV
RealTime High Risk HPV
RealTime CT
RealTime CT/NG
RealTime CMV
RealTime EBV
RealTime MTB
RealTime MTB RIF/INH Resistance

Flexible and cost efficient through reuse of amplification reagent and combined measurement in one run.

For more information visit: www.AbbottMolecular.com
ASLM2016 Organising Committee

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Medical Laboratory Science Council of Nigeria; University of Calabar, Nigeria

Wendy Stevens
University of Witwatersrand; National Laboratory Service, South Africa

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John Nkengasong
Centers for Disease Control and Prevention, United States

Rosanna Peeling
London School of Hygiene and Tropical Medicine, United Kingdom

Scientific Committee Members

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Institute of Human Virology, Nigeria
University of Maryland, United States

Ousmane Diop
World Health Organization, Switzerland

Ogobara Doumbo
Malaria Research & Training Center, Mali

Souleyman Mboup
Cheikh Anta Diop University, Senegal

Iruka Okeke
University of Ibadan, Nigeria

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Noguchi Institute, Ghana

Igho Ofotokun
Emory University, United States

Oni Idigbe
Nigeria Institute of Medical Research, Nigeria

Avelin F Aghokeng
Virology Laboratory CREMER, Cameroon

Philip Onyebuoh
World Health Organization Regional Office for Africa, Zimbabwe

Katy Yao
Centers for Disease Control and Prevention, United States

Andrea Kim
Centers for Disease Control and Prevention, United States

Erin Rottinghaus
Centers for Disease Control and Prevention, United States

Peter Minchella
Centers for Disease Control and Prevention, United States

Executive Committee Members

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Medical Laboratory Science Council of Nigeria; University of Calabar, Nigeria

Wendy Stevens
University of Witwatersrand; National Laboratory Service, South Africa

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Institute of Human Virology, Nigeria
University of Maryland, United States

Jenny Josiah
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Debi Boeras
Global Health Impact Group, United States
London School of Hygiene and Tropical Medicine, United Kingdom

Floyd Olson
National Health Laboratory Service, South Africa

Mackenzie Hurlston
Centers for Disease Control and Prevention, United States

Ndlovu Nqobile
African Society for Laboratory Medicine, Ethiopia

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African Society for Laboratory Medicine, Ethiopia
ASLM BOARD OF DIRECTORS

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Institute of Human Virology, Nigeria
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Souleymane Mboupaid
Research Network for Western and Central Africa, Cheikh Anta Diop University, Senegal

Trevor Peter
Clinton Health Access Initiative (CHAI)

Fausta Mosha
National Public Health Laboratory, Tanzania

Jean Bosco Ndihokubwayo
World Health Organization Regional Office for Africa

Thomas M. Shinnick
Global Laboratory Initiative (GLI)

Wendy Stevens
University of the Witwatersrand; National Laboratory Service, South Africa

Ralph Timperi
Association of Public Health Laboratories (APHL)

Sheila Tlou
Joint United Nations Programme on HIV/AIDS (UNAIDS)
our strategy

1. Deliver comprehensive life-changing health solutions.
2. Concentrate on children and their mothers from developing countries.
3. Focus on major infectious diseases: Malaria, Schistosomiasis & microbial infections.
4. Foster strong external partnerships with leading Global Health stakeholders.

our vision
No more children without a health solution

our mission
Synergizing Merck business competencies to deliver sustainability and impact in health solutions addressing major Global Health challenges in most vulnerable populations

MERCK HAS THE UNIQUE COMPETENCIES TO DELIVER HEALTH SOLUTIONS FOR INFECTIOUS DISEASES THROUGH ITS INTEGRATED APPROACH

The seminar introduces the Merck Global Health approach by sharing vision and strategy as well as current initiatives and programs that aim to develop innovative, affordable, implementable and integrated health solutions (including diagnostics) for addressing key unmet medical needs in developing countries, with a focus on Africa.

Beyond sharing about the development of new diagnostics (for e.g. malaria), the presentation focuses on the Muse® cytometry platform launched for CD4 monitoring for HIV patients in sub-Saharan Africa and other developing regions.

Keep the discussion going!
GlobalHealth@merckgroup.com
General Conference Information

PARTICIPATING IN ASLM2016

Registration Times
Registration and check-in will be at Cape Town International Convention Center (CTICC) in the Registration Foyer on the Ground Floor.

- Friday, 2 December: 15:00 – 19:00
- Saturday, 3 December: 07:00 – 18:00
- Sunday, 4 December: 07:00 – 17:00
- Monday, 5 December: 07:30 – 19:30
- Tuesday, 6 December: 07:30 – 18:30
- Wednesday, 7 December: 07:30 – 18:30
- Thursday, 8 December: 07:30 – 15:30

Certificate of Attendance
A certificate of attendance will be available electronically for individuals who complete the ASLM2016 post conference survey. Please check your email post conference for the link.

Name Tags
Name tags must be worn at all times during official meetings in the conference centre. Lost name tags may be replaced at the registration desk. Please bring your ID for verification.

Attire
Conference attire is business casual for all days.

Meals
Please check with your hotel to confirm if breakfast is included in your room rate. Lunch and morning/afternoon tea breaks will be available for purchase within the CTICC from 6-8 December. In addition, the Opening Reception (16:00, Monday, 5 December) will offer light fare.

Transportation
Most conference hotels are within walking distance, and some conference properties offer a complimentary shuttle to the famed Victoria & Albert Waterfront district, featuring numerous dining and shopping options.

Additionally, public transport options around Cape Town include city buses, taxis, Rikkis, commuter trains and minibuses. The way most South Africans get around is by minibus taxi. They are cheap, efficient and plentiful. You can hail them like you would a cab anywhere in the world. You’ll also see Rikkis (www.rippik.co.za) in the centre of Cape Town. Rikkis are small brightly colored vans that operate like taxis. Metro Trains (www.metrorail.co.za) run to all the suburban areas and they go as far as Stellenbosch and Paarl in the Winelands.

MyCiTi bus is another option to navigate Cape Town. MyCiTi operates bus routes in a number of areas across Cape Town. For more information, include route options, visit their website: http://myciti.org.za/en/home.

Several taxi companies operate in and around Cape Town.

Two such companies include:

- Unicab +27 21 486 1600
- Excite +27 21 418 4444

Parking
CTICC offers over 1,300 secure, easily accessible on-site parking bays to visitors.

The 1,500 bays on P1 are accessed via Buitengracht or Walter Sisulu Avenue/Long Street entrance and require a short walk across Convention Centre Square to enter the CTICC.

The 250 bays on P2 are located in the Westin Cape Town hotel basement.

The 366 bays on P3 are situated in the CTICC basement.

Money
The local currency is the South African Rand (ZAR). ATMs are available throughout the city; however, please be aware of your surroundings when using an ATM machine.

Please remember to advise your credit card and banking institutions that you will be traveling in South Africa. You should also plan to carefully review all banking statements and receipts to ensure accuracy.
We know one size never fits all.

REAL SITUATION:
The demand for viral load is increasing and labs are challenged to help countries meet their 90/90/90 goals.

REAL SOLUTION:
Harnessing big-lab, high-throughput technology within a small footprint, we provide real solutions for scale up of viral load monitoring. Its the right balance of performance, adaptability and efficiency to help you reach the 90/90/90 goals.


Visit us at booth 32 | Attend our symposium Wednesday, 7 Dec, 07:00
Speaker Ready Room Details
All speaker presentations should be submitted to the Speaker Ready Room, Room 1.55 in the CTICC. You will need to upload your presentation one day prior to your presentation day in Room 1.55. Please do not plan to take your presentation directly to your presentation room.

The Speaker Ready Room hours are as follows:

- **Friday, 2 December**: 14:00 – 18:00
- **Saturday, 3 December**: 07:00 – 18:00
- **Sunday, 4 December**: 07:00 – 18:00
- **Monday, 5 December**: 07:00 – 19:00
- **Tuesday, 6 December**: 07:00 – 19:00
- **Wednesday, 7 December**: 07:00 – 19:00
- **Thursday, 8 December**: 07:00 – 16:00

First Aid
If you are in need of emergency services, medical staff are located on the Lower Level of the CTICC. If you need a hospital, one hospital option is below:

- **Netcare Christiaan Barnard Memorial Hospital**
  181 Longmarket Street
  Central Cape Town, 8001

Internet Access
Basic, complimentary internet access is available at the CTICC. To access this, scan for a wireless network and connect to “CTICC”. Then open your browser and the OnIP Splash page will appear on your device. Follow the instructions to finalise your connection.

Simultaneous Translation
French translation is available in Auditorium 1. Please secure your headset at the translation desk outside of Auditorium 1 and plan to return the headset at the conclusion of each day.

Poster Session/Oral Poster Setup & Teardown Times
Posters should be no larger than 910mm high x 1150 mm wide.

Global Health Security posters, including oral posters, will be hung from Monday, 5 December to Tuesday, 6 December. Posters must be hung between 11:00 – 14:00 on Monday, 5 December. On Tuesday 6 December, presenters will be at their posters during the poster session at 12:30 – 13:30. GHS posters can be taken down starting at 15:30 and must be removed by 17:00 on 6 December.

NCD, NTD and GHS Late Breaker posters, including oral posters, will be hung from Tuesday, 6 December to Wednesday, 7 December. Posters can be hung between 17:30 - 19:00 on Tuesday, 6 December. On Wednesday, 7 December, presenters will be at their posters during the poster session at 12:30 – 13:30. NCD and NTD posters can be taken down starting at 15:30 and must be removed by 17:00 on 7 December.

Partnership posters, including oral posters, will be hung from Wednesday, 7 December to Thursday, 8 December. Posters can be hung between 17:30 – 19:00 on Wednesday, 7 December. On Thursday, 8 December, presenters will be at their posters during the poster session at 12:30 – 13:30. Partnerships posters can be taken down starting at 15:30 and must be removed by 17:00 on 8 December.

Following the designated tear down times, remaining posters will be discarded.

Camera & Recording Devices Notice
The use of camera and/or recorders is strictly prohibited during the oral and poster sessions. Limited use is allowed for Exhibitors in their own booth area. Personal photography is allowed at social functions.

Consent to Use of Photographic Images:
Registration and attendance at, or participation in, ASLM2016 constitutes and agreement by the registrant to ASLM’s use and distribution (both now and in the future of the registrant or attendee’s image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.

NHLS LABORATORY TOURS
The National Health Laboratory Services (NHLS) will be hosting laboratory tours during the ASLM2016 conference. Delegates will receive a chance to visit NHLS laboratories in Khayelitsha Hospital, as well as the state-of-the-art laboratory at Groote Schuur Hospital.

These tours will take place on Sunday 4 December from 13:00, and also on Monday 5 December from 11:00. Busses will depart from Cape Town International Convention Centre (CTICC) at 13:00 and return at 15:30 on Sunday and depart at 11:00 on Monday and return at 13:30.

Pre-registration is required. If you pre-registered, check your email for additional logistical details.
HIV/AIDS and TB co-infection present unique challenges that require unique solutions. The same GeneXpert® System that confirms a patient’s TB status is now available to monitor HIV viral load in plasma and detect HIV infection by whole blood or dried blood spot (DBS) for early infant diagnosis (EID). Now implementing HIV viral load testing is simple. Receive same day results for better patient management without dependence on specimen referral systems.

Come visit us at Cepheid Booth #26.
Young Professionals Sessions

Space is limited at each session and will be filled on a first come, first served basis at the time of the event. Food and beverages will not be provided at any of the sessions. Please feel free to bring your own.

Scientific Writing

>> Sunday, 4 December 2016, 08:00 – 11:45
>> Room 2.41 - 2.43
>> Moderator: Bethanie Rammer, Managing Editor, African Journal of Laboratory Medicine

This half-day course will feature three distinguished experts presenting on important topics related to successfully writing and publishing scientific research papers: developing a manuscript, publication ethics, and what editors look for. This workshop is part of an extended training course that will be provided through the ASLM Academy which will culminate in the completion and submission of the manuscript to a peer-reviewed journal for publication.

Part 1: Publishing in high impact journals, insider tips!
>> Speaker: Justine Davies, Editor-in-Chief, The Lancet Diabetes & Endocrinology

After a brief discussion of the inner workings of The Lancet, Justine will discuss what editors of top medical journals look for in a submission. She will put the manuscript abstract at the centre of the discussion. From this she will talk about how thinking about what the abstract looks like will not only help you to get current papers published, it should help you think of future impactful research projects.

So that we can ensure a fun and lively discussion, do come prepared with your own ideas on what makes impactful research and thoughts on how to achieve this.

Part 2: Excellence in ethics
>> Speaker: Zoë Mullan, Editor-in-Chief, The Lancet Global Health

Zoë will present an overview of the landscape of academic publishing and the increasing demands on researchers to publish in high-impact journals. With her experience as a Council member of the Committee on Publication Ethics, she will then describe the damaging impact of ethical “corner-cutting” and coach participants in the essentials of good research and publishing practice. Questions and comments are encouraged throughout the talk and there will be plenty of time for debate at the end.

Part 3: How to write a scientific paper and get it published
>> Speaker: Andrea Kim, Deputy Branch Chief for Program Oversight, International Laboratory Branch, US Centers for Disease Control and Prevention

Andrea will lead writers through the process of manuscript development with the objective of acquiring the skills necessary to develop and write a scientific manuscript for publication. The format of the workshop will be didactic lecture with interactive discussion and will give participants the opportunity to discuss scientific manuscripts in planning or in progress.

Statistical Secrets Revealed: Analysis and Presentation of Data

>> Tuesday, 6 December 2016, 07:00 – 08:15
>> Room 1.6
>> Speaker: Andrea Kim, Deputy Branch Chief for Program Oversight, International Laboratory Branch, US Centers for Disease Control and Prevention

This seminar will focus on some common misconceptions and errors in interpretation of data, as well as touch upon issues related to analysis and presentation of data. It will address common questions such as: How can I best present my data? What does this p-value really mean? How big of a sample do I need? In addition, simple explanations of some common statistical concepts will be provided, and ideas for how to better display various types of data in tables and graphs will be discussed.

Developing Killer Presentations

>> Thursday, 8 December 2016, 07:00 – 08:15
>> Room 1.6
>> Speaker: Andrea Kim, Deputy Branch Chief for Program Oversight, International Laboratory Branch, US Centers for Disease Control and Prevention

This workshop will cover crafting effective messages, designing engaging and relevant slides, creating useful templates, honing PowerPoint techniques, and improving delivery skills.
Floor Plan – Room Locations

CAPE TOWN INTERNATIONAL CONVENTION CENTRE

GROUND FLOOR

WESTIN

Entrance

REGISTRATION

Prayer Room

Jasminum
Exhibit Hall
Posters
CONFERENCE AGENDA AT A GLANCE
ASLM 2016 INTERNATIONAL CONFERENCE PROGRAMME

FIRST FLOOR

WESTIN

AUDITORIUM 1
- Opening Ceremony
- Keynote Address
- Plenary Addresses
- Special Sessions
- Awards Ceremony
- Closing Ceremony

BALLROOM EAST/WEST
- Exhibit Hall
- Oral Posters

MEETING ROOMS 2.4
- Breakout Sessions
- Seminars

MEETING SUITES 1.51–1.55
- Room 1.55: Speaker Ready Room
- Room 1.54: Volunteer Room

MEETING SUITES 1.71–1.74
- Room 1.72: VIP Room
- Room 1.74: Media Room

SECOND FLOOR

WESTIN

MEETING SUITES 1.71–1.74
- Room 1.72: VIP Room
- Room 1.74: Media Room

MEETING SUITES 1.51–1.55
- Room 1.55: Speaker Ready Room
- Room 1.54: Volunteer Room

MEETING ROOMS 1.4
- Breakout Sessions
- Seminars

MEETING ROOMS 1.6
- Breakout Sessions
- Seminars

MEETING ROOMS 2.6
- Breakout Sessions
- Seminars

MEETING ROOMS 2.4
- Breakout Sessions
- Seminars

ROOF TERRACE
- Seminars
As the number one single-source provider of rapid, point-of-care diagnostic tests, we know the power of now. Having Alere products throughout your network means operational, clinical and economic efficiencies.

Our comprehensive suite of diagnostics enables quicker decision making in cardiovascular disease, diabetes, infectious disease, and toxicology, allowing your staff to spend time doing what they do best—caring for patients.

To learn about our products and how they can help your facility, contact your Alere representative or email AfricaCustomerSupport@alere.com.
# Conference Agenda at a Glance

The detailed descriptions for all seminars can be found at www.aslm2016.org under the Conference Programme tab.

## Friday, 2 December 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00 – 19:00</td>
<td>Registration</td>
</tr>
</tbody>
</table>

## Saturday, 3 December 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 – 18:00</td>
<td>Registration</td>
</tr>
</tbody>
</table>

**Full Day Seminars | 08:00 – 17:00**

<table>
<thead>
<tr>
<th>Room</th>
<th>Session</th>
</tr>
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<tbody>
<tr>
<td>ROOF TERRACE</td>
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</tr>
<tr>
<td>ROOM 2.41 – 2.43</td>
<td>HIV Drug Resistance Testing Workshop</td>
</tr>
<tr>
<td>ROOM 2.44 – 2.46</td>
<td>Molecular Diagnostics in Haematological Malignancies</td>
</tr>
</tbody>
</table>

**Morning Seminars | 08:00 – 12:00**

<table>
<thead>
<tr>
<th>Room</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOM 2.61 – 2.63</td>
<td>Translating Laboratory Informatics into Patient Care: mHealth &amp; Implementation Science</td>
</tr>
</tbody>
</table>

**Afternoon Seminars | 13:00 – 17:00**

<table>
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<tr>
<th>Room</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>ROOM 1.61 – 1.62</td>
<td>Regulatory Forum and Workshop</td>
</tr>
<tr>
<td>ROOM 2.61 – 2.63</td>
<td>Lessons Learnt from a Large Scale Implementation of the Xpert MTB/RIF TB Program in South Africa</td>
</tr>
<tr>
<td>ROOM 2.64 – 2.66</td>
<td>Connected Diagnostics: Innovative Strategies for Getting Patients Onto Treatment Faster &amp; Cheaper</td>
</tr>
</tbody>
</table>

The detailed descriptions for all seminars can be found at www.aslm2016.org under the Conference Programme tab.
## Sunday, 4 December 2016

### Full Day Seminars | 08:00 – 18:30

**SLIPTA/SLMTA Symposium 2016**

### Morning Seminars | 08:00 – 12:00

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 – 11:00</td>
<td>West Africa Day: How to Reach the Third &lt;&lt; 90 &gt;&gt; in West and Central Africa Session will be in French</td>
</tr>
<tr>
<td>09:00 – 12:30</td>
<td>Building a Laboratory Community of Practice for Laboratory Strengthening Standards and Best Practice</td>
</tr>
<tr>
<td>09:00 – 12:30</td>
<td>AJLM Young Professional Course: Scientific Writing</td>
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<tr>
<td>08:00 – 12:00</td>
<td>Quality Needs for Molecular TB/HIV and HPV Diagnostic Assays Applied in Clinical Laboratories</td>
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<tr>
<td>08:00 – 12:00</td>
<td>HIV Rapid Testing Quality Improvement Initiative – Using Innovative Approaches for Achieving the RIGHT First 90s</td>
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### Afternoon Seminars | 13:00 – 17:00

<table>
<thead>
<tr>
<th>Room</th>
<th>Session</th>
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<tbody>
<tr>
<td>ROOM 1.41-1.42</td>
<td>Integrating and Optimizing Laboratory Services to Reach the 90:90:90 Targets</td>
</tr>
<tr>
<td>ROOM 1.43-1.44</td>
<td>Launch of HIV Viral Load Scale Up Tools</td>
</tr>
<tr>
<td>ROOM 1.61-1.62</td>
<td>Mapping Laboratory Capacity, Systems, and Networks in Africa</td>
</tr>
<tr>
<td>ROOM 1.64</td>
<td>WHO: Workshop on Prequalification of In Vitro Diagnostics (IVDs) for National Regulatory Authorities</td>
</tr>
<tr>
<td>ROOM 2.41-2.43</td>
<td>Quality Assurance for CD4, Early Infant Diagnosis and Viral Load Point-of-Care</td>
</tr>
<tr>
<td>ROOM 2.44-2.46</td>
<td>The Value of Knowing Why: The Case for HIV Resistance Genotyping in Africa</td>
</tr>
<tr>
<td>ROOM 2.61-2.63</td>
<td>14:00–17:00</td>
</tr>
<tr>
<td>ROOM 2.64-2.66</td>
<td>OFF-SITE LOCATION</td>
</tr>
</tbody>
</table>

### CD4 Workshop Dinner (Invitation Only)

**Off-Site Location**

## Monday, 5 December 2016

### Full Day Seminars | 08:00 – 18:30

### Morning Seminars | 08:00 – 12:00

<table>
<thead>
<tr>
<th>Room</th>
<th>Session</th>
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<tbody>
<tr>
<td>ROOM 1.41-1.42</td>
<td>Systems Strengthening for Viral Load Scale Up</td>
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<tr>
<td>ROOM 1.43-1.44</td>
<td>Biobanking for Africa: The H3 African Bioratories</td>
</tr>
<tr>
<td>ROOM 1.61-1.62</td>
<td>Evolving Partnerships for TB Diagnostic Network Strengthening in Africa</td>
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<tr>
<td>ROOM 1.64</td>
<td>Public-Private Partnerships to Expand Access to High Quality Testing Services in Africa</td>
</tr>
<tr>
<td>ROOM 2.41-2.43</td>
<td>Emerging Technologies to Ensure Continued Competency of Laboratory Professionals and HIV Test Providers</td>
</tr>
<tr>
<td>ROOM 2.44-2.46</td>
<td>Early Warning and Response Systems and Global Health Security</td>
</tr>
<tr>
<td>ROOM 2.61-2.63</td>
<td>Preventing, Detecting and Responding to Global Health Threats with Simple and Fast Syndromic Testing Technologies</td>
</tr>
<tr>
<td>ROOM 2.64-2.66</td>
<td>Laboratory Safety When Dealing with Routine Diagnostic Specimens from Patients with Suspected Viral Haemorrhagic Fevers (VHFs)</td>
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### Afternoon Seminars | 12:30 – 14:00

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<thead>
<tr>
<th>Room</th>
<th>Session</th>
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<tbody>
<tr>
<td>ROOM 1.41-1.42</td>
<td>Implementing Nucleic Acid Testing in Blood Transfusion Services – Practical Approaches – Why? and How?</td>
</tr>
<tr>
<td>ROOM 1.43-1.44</td>
<td>Cervical Cancer Screening Programs – Effective Tools and Approaches</td>
</tr>
<tr>
<td>ROOM 1.61-1.62</td>
<td>The Merck Global Health Integrated Approach: Health Solutions for Most Vulnerable Populations</td>
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### Opening of ASLM 2016

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<thead>
<tr>
<th>Time</th>
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<tr>
<td>14:00 – 16:00</td>
<td>Opening Ceremony</td>
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<tr>
<td>16:00 – 17:30</td>
<td>Opening Reception</td>
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<tr>
<td>17:30</td>
<td>UNITAID 10 Years Dinner (Invitation Only)</td>
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</table>
The detailed descriptions for all seminars can be found at www.aslm2016.org under the Conference Programme tab.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>07:30 – 18:30</td>
<td>Registration</td>
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<tr>
<td></td>
<td>**Morning Seminars</td>
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<tr>
<td>ROOM 1.4</td>
<td>Improving Laboratory Systems in Africa via the Global Health Security Agenda (GHSA)</td>
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<tr>
<td>ROOM 1.6</td>
<td>AJLM Young Professional Course: Statistical Secrets Revealed</td>
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<tr>
<td>ROOM 2.6</td>
<td>Beckman Coulter Launches CARES Initiative – Advancing Healthcare for Everyone</td>
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<tr>
<td>ROOM 2.4</td>
<td>Mentor4TB: The Toolkit</td>
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<td><strong>Plenary 1:</strong> Public Health Institutes and Global Health Security: Laboratory as a Lynch Pin</td>
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<tr>
<td>JASMINUM BALLROOM EAST/WEST FOYER / AUDITORIUM 1</td>
<td>What Does Global Health Security Mean for Africa: Looking Back and Current Realities</td>
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<td></td>
<td>Africa Centers for Disease Control and Prevention: Augmenting Africa’s Response to Health Threats</td>
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<td>Antimicrobial Resistance in Africa: Role of Laboratory</td>
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<tr>
<td>10:30 – 17:00</td>
<td>Exhibit Halls Open</td>
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<td>10:30 – 11:00</td>
<td>Break</td>
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<td>**Oral Sessions</td>
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<tr>
<td>ROOM 1.4</td>
<td>Oral Session 1.1: New Technologies for Disease Control and Elimination</td>
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<tr>
<td>ROOM 1.6</td>
<td>Oral Session 1.2: Preparedness and Lessons Learned from Outbreaks</td>
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<tr>
<td>ROOM 2.4</td>
<td>Oral Session 1.3: Emerging Trends of Antimicrobial Resistance in Africa</td>
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<tr>
<td>ROOM 2.6</td>
<td>Oral Session 1.4: Strategies for Scaling Up Diagnostics</td>
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<td>**Poster Sessions</td>
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<td>Global Health Security and Public Health Institutes</td>
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<td>**Lunch Seminars</td>
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<td>Lunch on own</td>
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<td>**Symposia &amp; Late Breaker Oral Sessions</td>
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<td>**Special Session</td>
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<td>**Round Tables</td>
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<td>**Evening Seminars</td>
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<td>**Round Tables</td>
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<td></td>
<td>**Evening Seminars</td>
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</tbody>
</table>
### Wednesday, 7 December 2016

#### Morning Seminars | 07:00 – 08:30

- **ROOM 1.4**: HIV Viral Load on the Panther System – Performance From the Field
- **ROOM 1.6**: The Power of Q: Decentralizing HIV Early Infant Diagnosis and Viral Load Testing to Achieve 90-90-90 Goals
- **ROOM 2.4**: Distance/Non-Traditional Learning Methods for Continuing Medical Education Provides Opportunities for Compliance Success in Resource Limited Countries
- **ROOM 2.6**: System Strengthening: Sample Transportation and Data Management

#### Plenary 2: The New Tidal Waves of Non-Communicable Diseases in Africa: Are the Laboratory Systems Prepared? | 09:00 – 10:30

- **AUDITORIUM 1**:
  - *Emerging Trends of Non-Communicable Disease Threats in Africa and the Role of Laboratory Medicine*
    - Justine Davies, The Lancet Diabetes & Endocrinology
  - *Developing Cancer and Pathology Capacity in Africa*
    - Blair Holladay, American Society for Clinical Pathology, United States
  - *Rising Tides Lift All Ships: Lessons from HIV/AIDS Laboratory Systems for NCD in Africa*
    - Wafa El-Sadr, Columbia University

#### Oral Sessions | 11:00 – 12:30

- **ROOM 1.4**: Oral Session 2.1: Emerging Epidemics of Silent Killers in Africa
- **ROOM 1.6**: Oral Session 2.2: Novel Approaches in Cancer Diagnostics and Surveillance
- **ROOM 2.4**: Oral Session 2.3: Solutions in the Fight Against Neglected Tropical Disease
- **ROOM 2.6**: Oral Session 2.4: Surveillance and Outbreaks: Containment of a Plague

#### Poster Sessions | 12:30 – 13:30

- **JASMINUM**: Global Health Security Late Breaking Abstracts
- **BALLROOM EAST/WEST FOYER**: Non-Communicable Diseases and Neglected Tropical Diseases

#### Oral Poster Sessions | 12:30 – 13:30

- **BALLROOM EAST/WEST STAGE 1**: Oral Poster 2.1: Epidemiology and Detection of Chronic Diseases in Africa
- **BALLROOM EAST/WEST STAGE 2**: Oral Poster 2.2: Special Issues in Non-communicable Diseases

#### Lunch Seminars | 12:45 – 13:30

- **ROOM 1.4**: Achieving 90-90-90 Targets: Integrating TB and HIV Testing
- **ROOM 2.4**: An Integrated Laboratory Response to Global Health Securities. Exploring the Gaps in Laboratory Capacity and the Tools and Resources a Community of Practice for Laboratories Through Global Health Laboratories Can Provide
- **ROOM 2.6**: Regulation of HIVST in Africa: Requirements, Readiness and Response

#### Symposium, Late Breaker Oral Session, and Afternoon Seminar | 15:30 – 16:30

- **ROOM 1.4**: Symposium 3: Sleeping Giants Waking: Viral Hepatitis and Cancers in Africa: Epidemiology, Diagnostic, and Management
- **ROOM 1.6**: Symposium 4: Strengthening Systems for Pathology in Africa: Leapfrogging to Meet the Needs
- **ROOM 2.4**: Late Breaker Oral Session 2.1: Partnerships in Achieving Global Health Security
- **ROOM 2.6**: Strengthening Diagnostic Networks in Africa

#### Afternoon Seminar | 17:00 – 18:30

- **ROOM 2.6**: Part 1. Implementing Point-of-Care Technologies for Early Infant Diagnosis of HIV: Lessons Learned, Strategic Planning, Models for Scale-up, and Remaining Debates

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The detailed descriptions for all seminars can be found at www.aslm2016.org under the Conference Programme tab.
## Wednesday, 7 December 2016

### Round Tables | 17:00 – 18:30

<table>
<thead>
<tr>
<th>Room 1.4</th>
<th>Room 1.6</th>
<th>Room 2.4</th>
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</thead>
<tbody>
<tr>
<td><strong>Round Table 4:</strong> Diagnostics for the Future – Integrated Management of Non-Communicable Diseases (NCDs) and Infectious Diseases</td>
<td><strong>Round Table 5:</strong> Creating Economically Viable Laboratory Capacity to Meet Health Needs in Africa – Including those of the Sustainable Development Goals</td>
<td><strong>Round Table 6:</strong> Strengthening the Practice of Laboratory Medicine and Pathology in Africa</td>
</tr>
</tbody>
</table>

### Evening Seminars | 19:00 – 20:30

<table>
<thead>
<tr>
<th>Room 1.4</th>
<th>Room 1.6</th>
<th>Room 2.4</th>
<th>Room 2.6</th>
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</thead>
<tbody>
<tr>
<td>ForLab and LabEquip: Two Essential Tools for Scaling Up Viral Load Testing</td>
<td>Assuring the Quality of in vitro Diagnostics (IVDs): WHO Prequalification of IVDs (PQdx) and Emergency Use Assessment and Listing (EUAL)</td>
<td>Unpacking PPP’s Myths and Opportunities</td>
<td>Part 2. Implementing Point-of-Care Technologies for Early Infant Diagnosis of HIV: Lessons Learned, Strategic Planning, Models for Scale-up, and Remaining Debates</td>
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### Thursday, 8 December 2016

#### Registration

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<thead>
<tr>
<th>Time</th>
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<tr>
<td>07:30 – 15:30</td>
<td>Registration</td>
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#### Morning Seminars | 07:00 – 08:30

AJLM Young Professional Course: Developing Killer Presentations

#### Plenary 3: Clinical Infectious Diseases and Laboratory Management | 09:00 – 10:30

**Sponsored by:** Roche

- Managing Communicable and Non-Communicable Diseases in South Africa: NHLS Experience  
  Joyce Mogale, National Health Laboratory Service
- Partnerships and Smart Investments to Turn the Tide of Global Health Threats  
  Oyewale Tomori, Nigerian Academy of Science
- Role of FELTP in Disease Control in Africa  
  Patrick Nguku, FELTP

#### Exhibit Halls Open | 10:30 – 15:30

<table>
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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>10:30 – 15:30</td>
<td>Exhibit Halls Open</td>
<td>BALLROOM EAST/WEST AND JASMINUM</td>
</tr>
</tbody>
</table>

#### Oral Sessions | 11:00 – 12:30

**ROOM 1.4**  
Oral Session 3.1: Achieving International Targets and the Global Health Security Agenda

**ROOM 1.6**  
Oral Session 3.2: QMS in Improving Clinic Laboratory Interface

**ROOM 2.4**  
Oral Session 3.3: Networking to Support Global Health

**ROOM 2.6**  
Oral Session 3.4: Capacity Building and Sustainability

#### Oral Poster Sessions | 12:30 – 13:30

**BALLROOM EAST/WEST STAGE 1**  
Oral Poster 3.1: The Role of Partnerships in Improving Global Health

**BALLROOM EAST/WEST STAGE 2**  
Oral Poster 3.2: Approaches for Quality Management Systems and Diagnostics

#### Lunch on own | 12:30 – 13:30

#### Symposium 5: Quality Management Systems and Patient Care in Africa | 13:30 – 15:00

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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<tbody>
<tr>
<td>15:00 – 15:30</td>
<td>Break</td>
<td>BALLROOM EAST/WEST AND JASMINUM</td>
</tr>
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</table>

#### Closing Session | 15:30 – 19:00

**15:30 – 16:20**  
Closing Session

**16:20 – 17:30**  
ASLM Awards Ceremony

**17:30 – 19:00**  
Awards & Closing Reception
Seminars

SPONSOR

African Society for Laboratory Medicine and US Centers for Disease Control and Prevention

The SLIPTA and SLMTA Symposium

Since the launch in 2009, SLMTA and SLIPTA (two complementary initiatives for continuous quality improvement) have transformed the laboratory landscape and ignited a movement around the world. As we strive to sustain the momentum and achieve bigger impact, we must intensify efforts and set sights on the next frontier. In this symposium, we will examine the transition from SLIPTA stars to ISO accreditation. We will discuss how to use these initiatives to support HIV viral load scale-up and to bridge the clinic-laboratory divide for patient-centric care. We will showcase laboratorians who have been leading hospital quality improvement efforts. In addition to plenary sessions, various topics solicited from the field via a survey will be covered through breakout round table discussions.

This symposium brings together the implementers and key stakeholders to celebrate their successes and share lessons learned. Participants will discuss how to sustain the momentum to achieve broader and deeper impact. The SLMTA/SLIPTA network will be strengthened and south-to-south collaboration fostered. Refresher and advance-level short courses will be offered to help participants take the program to the next level.

Please join us in this fun, high-energy and memorable event. Country teams will compete to showcase their SLMTA spirit through culturally unique song-and-dance performances. Prizes will be raffled throughout the symposium.

PRESENTERS:

Keynote by John Nkengasong, Centers for Disease Control and Prevention

SPONSOR

Thermo Fisher Scientific, South Africa

HIV Drug Resistance Testing Workshop

The interest in HIV drug resistance testing for surveillance, clinical management and research in resource-limited settings is increasing. This workshop aims to provide an introduction into the technical aspects and requirements of HIV drug resistance testing, the analysis of sequencing data, as well as the interpretation of results on a clinical and public health level.

PRESENTERS:

Kim Steegen, National Health Laboratory Service
Sergio Carmona, National Health Laboratory Service
Michelle Moorhouse, University of the Witwatersrand
Matilu Mwau, Kenya Medical Research Institute
Gillian Hunt, National Institute for Communicable Diseases
James Nuttal, University of Cape Town

DATE: Saturday, 3 December
TIME: 08:00 – 17:00
LOCATION: 2.41-2.43
OPEN TO ALL
Molecular Diagnostics in Haematological Malignancies

This seminar will address every aspect of molecular diagnostics in haematological malignancies. It aims to take the participant through the theory of various platforms as well as allowing practical exposure to these tests, their application and their integration together and in the clinical context.

This workshop will take the form of short theoretical lectures and practical demonstrations of the latest molecular tools.

A program of lectures will be updated and will cover:
- Cytogenetics and FISH
- Copy number aberrations and microarray technologies: a tale of two
- Molecular monitoring of disease
- The Genetics of Genomics: NGS platforms promise and limitations

PRESENTERS:

Pascale Willem, National Health Laboratory Service, Charlotte Maxeke Johannesburg Academic Hospital and University of Witwatersrand
Jacky Brown, National Health Laboratory Service
Nikki Bouwer, National Health Laboratory Service, Charlotte Maxeke Johannesburg Academic Hospital & University of Witwatersrand

SPONSOR:
National Health Laboratory Service
Novartis

Translating Laboratory Informatics Into Patient Care: mHealth & Implementation Science

To illustrate several innovative mHealth solutions implemented in Africa that have succeeded in improving patient care. Innovations range from simple lab result notifications to linkage to care and specialist referral networks.

PRESENTERS:

Brad Cunningham, SystemsOne
Lynsey Stewart-Isherwood, National Health Laboratory Service
Peter Benjamin, HealthEnabled
Musaed Abrahams, Avirohealth
Vincent Lau Chan, Wits Reproductive Health & HIV Institute
Craig Carty, The Relevance Network, University of Oxford
Naseem Cassim, National Health Laboratory Service, University of the Witwatersrand
Debre Barrett, Digital Designer & Product Manager, South Africa
Lessons Learnt from a Large Scale Implementation of the Xpert MTB/RIF TB Program in South Africa

The Xpert MTB/RIF TB program was initiated at the request of the Honorable Minister of Health of South Africa, Dr Aaron Motsoaledi, in early 2011, following the World Health Organization’s strong recommendation published in December 2010 which stated that “the new automated DNA test for TB be used as the initial diagnostic test in individuals suspected of MDR TB or HIV/TB”. In essence this comprises the majority of those with presumptive TB in South Africa. All instruments were interfaced to the National Health Laboratory Service (NHLS) Laboratory Information System (LIS) allowing for data collection and troubleshooting.

Since 2011, 314 Xpert MTB/RIF instruments of varying sizes (GX4: 115; GX16:190; GX48: 1; GX80:9) have been placed in 211 sites – both urban and rural settings, by the National Priority Programmes (NPP) of the NHLS and the National Department of Health (NDoH). The programme was further expanded to directly support the screening for TB and HIV in high risk populations; correctional services and in peri-mining communities.

Going forward, it is essential to perform monitoring and evaluation of a National Xpert MTB/RIF TB Program to assist in gauging the performance of the program within a country, and furthermore, within different settings of a country (i.e. rural versus urban). To assist in improving the program, certain quality assurance tools need to be implemented; such as an External Quality Assurance (EQA) program and review of assay errors and instrument utilization through remote monitoring and use of operational dashboards.

The main aim of this seminar is for South Africa to share their lessons learnt from their implementation of a large-scale national Xpert MTB/RIF TB program. These lessons will be addressed through a broad scope of activities including: Implementation Challenges, Quality Assurance, Clinical Studies, Specimen Types (Pulmonary and Extra-pulmonary), Monitoring & Evaluation, Linkage-to-Care as well as the upcoming plans for the new Ultra assay and software upgrades from Cepheid.

PRESENTERS:

Puleng Marokane, National Health Laboratory Service
Leigh Berrie, National Health Laboratory Service
Lesley Scott, National Health Laboratory Service
Sylvia Ntasmine, National Health Laboratory Service
Priyesh Bhoora, Cepheid
Lynsey Stewart-Isherwood, National Health Laboratory Service
Andani Phaswana, National Health Laboratory Service
SPONSOR:
SystemOne LLC

Connected Diagnostics: Innovative Strategies for Getting Patients Onto Treatment Faster & Cheaper

This seminar explores the new frontier of “connected diagnostics” where laboratory or POC diagnostic instruments are connected to MOH servers and test results are automatically sent for analysis and action. First introduced in 2012, connected diagnostics are now present in ~27 African nations and growing quickly. These new electronic data have proven extremely helpful for getting patients onto treatment faster, reducing stockouts, and improving the quality of diagnostics. But, little has been shared about the economics, implementation challenges, or programmatic opportunities that exist. Learn how to gain even greater impact from a connected diagnostics investment.

PRESENTERS:

Jeff Takle, SystemOne
Philip Onyebujoh, World Health Organization, Regional Office for Africa
Heather Alexander, Centers for Disease Control and Prevention
Alan Schooley, University of California, Los Angeles, School of Medicine
Greg Khoury, Alere
Dianna Edgil, USAID

SPONSOR:
London School of Hygiene & Tropical Medicine

Regulatory Forum and Workshop

The pathway from test development to deployment normally takes more than 10 years. As the world faces increasingly frequent and serious threats of infectious disease outbreaks and antimicrobial resistance, there is an urgent need for public and private sectors to work together to shorten the time from tool development to impact. A Regulatory Forum at the ASLM Conference in Cape Town on Saturday December 3-8 2016 will provide an opportunity for the Pan African Harmonization Working Party (PAHWP), industry and other stakeholders to join forces and discuss mechanisms to accelerate test evaluation and regulatory review, so that quality-assured diagnostics can be deployed in countries without delay. Regulatory capacity building in Africa is a priority of PAHWP and underpins the important goal of developing strong, harmonised regulatory systems to assure the quality of diagnostic products for combating health threats on the continent. A workshop on weighing the risk and benefits in the assessment of diagnostics will be held as part of the Forum.

PRESENTERS:

Sillo Hito, Tanzania Food and Drug Administration
Rosanna Peeling, London School of Hygiene & Tropical Medicine
Alash‘le Abimiku, African Society for Laboratory Medicine
Andy Fish, Global Diagnostic Alliance
SPONSOR:  
**African Journal of Laboratory Medicine**

**Scientific Writing**

This half-day course will feature three distinguished experts presenting on important topics related to successfully writing and publishing scientific research papers: developing a manuscript, publication ethics, and what editors look for. This workshop is part of an extended training course that will be provided through the ASLM Academy which will culminate in the completion and submission of the manuscript to a peer-reviewed journal for publication.

**Part 1: Publishing in high impact journals, insider tips!**

**SPEAKER:** Justine Davies, The Lancet Diabetes & Endocrinology

After a brief discussion of the inner workings of The Lancet, Justine will discuss what editors of top medical journals look for in a submission. She will put the manuscript abstract at the centre of the discussion. From this she will talk about how thinking about what the abstract looks like will not only help you to get current papers published, it should help you think of future impactful research projects.

So that we can ensure a fun and lively discussion, do come prepared with your own ideas on what makes impactful research and thoughts on how to achieve this.

**Part 2: Excellence in ethics**

**SPEAKER:** Zoë Mullan, The Lancet Global Health

Zoë will present an overview of the landscape of academic publishing and the increasing demands on researchers to publish in high-impact journals. With her experience as a Council member of the Committee on Publication Ethics, she will then describe the damaging impact of ethical “corner-cutting” and coach participants in the essentials of good research and publishing practice. Questions and comments are encouraged throughout the talk and there will be plenty of time for debate at the end.

**Part 3: How to write a scientific paper and get it published**

**SPEAKER:** Andrea Kim, US Centers for Disease Control and Prevention

Andrea will will lead writers through the process of manuscript development with the objective of acquiring the skills necessary to develop and write a scientific manuscript for publication. The format of the workshop will be didactic lecture with interactive discussion and will give participants the opportunity to discuss scientific manuscripts in planning or in progress.

**PRESENTERS:**

- Justine Davies, The Lancet Diabetes & Endocrinology
- Zoë Mullan, The Lancet Global Health
- Andrea Kim, US Centers for Disease Control and Prevention
- Bethanie Rammer, African Journal of Laboratory Medicine

**DATE:** Sunday, 4 December  
**TIME:** 08:00 – 12:00  
**LOCATION:** 2.41-2.43  
**OPEN TO ALL**
SPONSOR:
AIDS Clinical Trial Group (ACTG)

Quality Needs for Molecular TB/HIV and HPV Diagnostic Assays Applied in Clinical Laboratories

The AIDS Clinical Trials Group (ACTG), established in 1987, is one of the largest global HIV clinical trials organizations playing a major role in setting standards of care for HIV infection and opportunistic diseases related to HIV and AIDS. ACTG supports the largest Network of expert clinical and translational investigators and therapeutic clinical trials units in the world, including sites in resource-limited countries. These investigators and units serve as the major resource for HIV/AIDS research, treatment, care, and training/education in their communities. This workshop therefore focuses on quality needs for clinical laboratories performing molecular diagnostics for TB, HIV and HPV, and shares experiences of successful introduction of clinical trial related EQA into pathology laboratories in resource limited settings.

PRESENTERS:
Lesley Scott, University of the Witwatersrand
Andrew Whitelaw, National Health Laboratory Service
Anura David, University of the Witwatersrand
Pedro Da Silva, National Health Laboratory Service
Natasha Gous, National Health Laboratory Service
Robert Coombs, University of Washington and ACTG
Lesley Scott, University of the Witwatersrand

SPONSOR:
Centers for Disease Control and Prevention

HIV Rapid Testing Quality Improvement Initiative – Using Innovative Approaches for Achieving the RIGHT First 90s

The RTQII Seminar is intended for best practice sharing and to foster collaboration between participants.

The seminar will be a combination of various country presentations on quality aspects, panel discussion and posters walk through.

PRESENTERS:
Moses Sakala, University Teaching Hospital, Zambia
Clement Udedi, Malawi AIDS Counselling and Resource Organization
Joyce Wamicwe, Ministry of Health, Kenya
Bienvenu Etoho Ondigui, Ministry of Public Health, Cameroon
Douglas Chiwara, Nigerian Institute of Physics
Adrian J Puren, National Institute for Communicable Diseases
Franklin Kitheka, Kenya National Public Health Laboratory Services
Christine Watera, Uganda Virus Research Institute  
Khumbo Ng’ona Namachapa, Malawi Ministry of Health  
Peris Urasa, Tanzania Ministry of Health Community Development, Gender, Elderly and Children  
Amanda Mohlala, National Institute for Communicable Diseases  
Joseph Ndekha, Malawi Aids Counseling and Resource Organization  
Busari Olusegun, Centre for Integrated Health Programs, Nigeria  
Habtamu Asrat, Ethiopia Public Health Institute  
Rose Akide, Uganda Virus Research Institute  
Priscila Sigala Mosoke, Global Health Systems Solutions Cameroon  
Eliangiringa Amos Kaale, Health Links Initiative, Tanzania

SPONSOR:  
UNITAID

West Africa Day – Journée Ouest-Africaines  
How to Reach the Third « 90 » in West and Central Africa

The current situation in HIV in West and Central Africa (WCA) differs greatly from that of other African regions. This seminar will present the main challenges in this region in achieving the 90% - that is patients on ART that are virally suppressed. Partners such as MSF, Solthis or Fondation Mérieux through their implementing experience in viral load testing will share lessons learnt and provide recommendations especially around scale up strategies and targeting key populations. Physicians and civil society including patients will also be discussing their perspective.

PRESENTERS:

Representatives from the following organisations will present during this seminar: UNAIDS, Médecins Sans Frontières, Foundation Merieux, UNITAID, OPP-era, national program leaders, and medical doctors working in the field.
Lack of access to quality-assured viral load testing negatively affects over 6 million people taking antiretroviral treatment (ART) in sub-Saharan Africa. Currently, access to viral load depends on centralized laboratories, which are the backbone of testing across most levels of health care delivery in many countries. While substantial efforts have been made to build laboratories, buy equipment and reagents and train laboratory technicians over recent years, current public health laboratory networks continue to suffer from failure to deliver testing services routinely and effectively, resulting from instrument down times, stock outs, quality challenges, long turn-around times and lost test results.

These challenges are due to weak laboratory health systems which are necessary to support centralized laboratories and without which testing services cannot achieve the performance standards in terms of the speed and reliability of test result return and test quality necessary to support the scale-up of viral load testing and differentiated ART care. Best practices in laboratory systems exist in various settings to enable this, however they are not widely adopted.

The African Society for Laboratory Medicine (ASLM), working with key partners and Ministries of Health will draw on existing standards to establish a widely accessible set of standards and associated best practices for optimized test delivery and systems strengthening of diagnostic testing services within integrated healthcare networks using HIV viral load and early infant diagnosis as a model to improve integrated care delivery.

**PRESENTERS:**

- Ali Elbireer, African Society for Laboratory Medicine
- Lara Vojnov, World Health Organization
- Eileen Burke, The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Antoine Pierson, Integrated Quality Laboratory Services
- Mamo Umuro, Ministry of Health, Kenya
- David Matema, Ministry of Health, Botswana
- Reuben Mwenda, Ministry of Health, Malawi
- Charles Kiyaga, Ministry of Health, Uganda
- Sergio Carmona, National Health Laboratory Service, South Africa
- Pascale Ondoa, Amsterdam Institute for Global Health and Development
Implementing POC HIV Viral Load and EID - Considerations and Challenges for Africa

Point-of-care (POC) approach to diagnosis and therapy monitoring of HIV infection in resource-limited settings has gained interest and recognition over the past few years due to the availability of robust, simple and high performance POC assays and instruments. The ability of clinicians and health workers with little training to identify ART eligible patients and monitor treatment in remote areas at an affordable cost will improve patient care, limit loss-to-follow-up and decrease cost. Viral load measurement at POC is the most effective way to verify ART efficacy and to differentiate at the earliest possible time between poor compliance and resistance to ART drugs.

PRESENTERS:
- Helen Lee, Diagnostics for the Real World, Ltd
- Robert Matiru, UNITAID
- Sergio Carmona, National Health Laboratory Service
- Monique Gueguen, Médecins Sans Frontières
- Jean Pierre Allain, University of Cambridge

WHO Workshop on Prequalification of In Vitro Diagnostics (IVDs) for National Regulatory Authorities

The lack of regulatory oversight and/or implementation of regulatory frameworks continue to represent a challenge in many countries despite many global and regional efforts to shed a light on the issue and to harmonize regulatory practices. In an effort to fill this gap, the WHO Prequalification of In Vitro Diagnostics (WHO PQDx) undertakes a comprehensive assessment of IVDs through a standardized procedure aimed at assessing their safety, quality and performance.

The prequalification assessment process includes three components:
- Review of a product dossier;
- Performance evaluation and assessment of operational characteristics; and
- Manufacturing site(s) inspection.

Post-qualification activities undertaken by WHO PQDx include post-market surveillance and review of mandatory manufacturer notifications of changes to prequalified products and/or the manufacturer’s quality management system.

The outcomes of the prequalification process are used by WHO Member States, UN agencies and international procurement agencies to guide their procurement decisions.

Attendees will be guided through the entire process of prequalification for IVDs from receipt of an application by the manufacturer all the way through to prequalification of the product. The different prequalification components (dossier assessment, manufacturing site inspection, laboratory evaluation, post-qualification activities) will be described in detail. WHO requirements will be explained and participants will have an opportunity to ask specific questions about the process.
PRESENTERS:

Irena Prat, World Health Organization
Willy Urassa, World Health Organization
Anita Sands, World Health Organization
Robyn Meurant, World Health Organization
Mercedes Perez Gonzalez, World Health Organization

SPONSOR:

The London School of Hygiene and Tropical Medicine/
The International Diagnostics Centre

Quality Assurance for CD4, Early Infant Diagnosis and Viral Load Point-of-Care

This will be a workshop for Quality Assurance Experts, HIV Program Directors/Managers, Laboratory Directors, Policy makers and Implementing Partners to identify what is needed to develop and implement a sustainable HIV CD4, EID, and VL POC testing QA systems, nationally and regionally.

PRESENTERS:

Rosanna Peeling, London School of Hygiene and Tropical Medicine
Debi Boeras, Global Health Impact Group, London School of Hygiene and Tropical Medicine
Ben Cheng, International Diagnostics Centre, London School of Hygiene and Tropical Medicine

SPONSOR:

Aldatu Biosciences

The Value of Knowing Why: The Case for HIV Resistance Genotyping in Africa

Rising levels of HIV drug resistance across sub-Saharan Africa threaten to cripple decades of progress in antiretroviral therapy (ART) access and undermine global health initiatives to quell the HIV epidemic over the next 5 to 15 years. In the midst of massive efforts to provide ART to millions more patients and expand viral load testing infrastructure across the continent, critical questions linger: for patients failing ART, can clinicians make informed treatment decisions when provided with a viral load without a genotype? What is the value of knowing if a patient is failing treatment, without knowing why?

In this informational seminar, we will examine the current state of HIV drug resistance in Africa by providing an overview of published and ongoing studies that survey the troubling patterns and pacing of its spread in recent years. Through discussions of the potential benefits of broad implementation of HIV genotyping and the potential dire consequences of complacency, we will then present the case for genotyping at a variety of points along the HIV care continuum, from pre-ART initiation to following virologic failure, and in a variety of HIV-infected patient populations. Areas of focus for this discussion will include patient outcomes, ART program cost-effectiveness, the costs of inaction, and the patient/clinician relationship. Attendees will learn about the available technology options for HIV genotyping, as well as those under development, and their suitability for cost-conscious ART programs and existing laboratory infrastructure. Challenges associated with adoption of different genotyping strategies will also be discussed, along with approaches to mitigate these challenges and lower implementation barriers. The seminar will close with an open discussion among all attendees with a focus on unanswered questions in the field, and the role HIV resistance genotyping will play in achieving “the last 90”.

DATE: Sunday, 4 December
TIME: 13:00 – 17:00
LOCATION: 2.61-2.63
OPEN TO ALL

DATE: Sunday, 4 December
TIME: 13:00 – 17:00
LOCATION: 2.64-2.66
OPEN TO ALL
SPONSOR:

**NHLS, CDC PEPFAR**

**Integrating and Optimizing Laboratory Services to Reach the 90:90:90 Targets**

DATE: Sunday, 4 December  
TIME: 13:00 – 17:00  
LOCATION: 1.41-1.42  
OPEN TO ALL

SPONSOR:

**Centers for Disease Control and Prevention**

**Launch of HIV Viral Load Scale Up Tools**

DATE: Sunday, 4 December  
TIME: 13:00 – 17:00  
LOCATION: 1.61-1.62  
OPEN TO ALL

Several countries are at different stages of scaling up HIV viral load testing and uptake of results for patient management. Viral load testing is the goal standard and the most effective method for monitoring of people on antiretroviral therapy (ART) living with HIV. For countries to achieve the UNAIDS target of 90% viral suppression of patients on ART, increased access to viral load testing and utilization of results for patient management with adherence counselling would be critical. Several barriers to access and uptake of HIV viral load results have been identified within the pre-analytical, analytical and post analytical phase of the viral load cascade and include weaknesses in demand creation, sample referral systems, procurement, optimization of testing capacity, return and uptake of results, and monitoring and evaluation of the cascade for improvements.

Recognizing these barriers to viral load scale up, a group of partners and stakeholders (World Health Organization, African Society for Laboratory Medicine, US Centers for Disease Control and Prevention, United States Agency for International Development, Clinton Health Access Initiative, Médecins Sans Frontières, Global Fund) convened, identified and developed tools that would assist programs in scaling up viral load testing and uptake of results. The tools include:

- Clinician and Laboratory Training Tool
- Guidance for Developing a Specimen Transport and Referral System for Viral Load and Infant Virologic HIV Diagnosis Testing
- Costing Framework Tool
- Inventory and Forecasting tool
- Monitoring and Evaluation Framework for Viral Load Scale-Up and Implementation
SPONSOR:  
Bill and Melinda Gates Foundation

Mapping Laboratory Capacity, Systems, and Networks in Africa

Healthcare delivery in Africa is changing rapidly. Economic growth is spurring greater focus on healthcare and demand for high-quality, evidence-based medicine. Laboratory testing is central to these trends and testing demands are growing within networks of laboratories across different countries. However, significant gaps in laboratory capacity exist in Africa that threaten to hamper the expansion of healthcare services on the continent. In particular, the capacity and coverage of current laboratories is known only in basic terms across the continent. This lack of information significantly limits efforts to understand and address these gaps.

Recognizing this limitation, the African Society for Laboratory Medicine (ASLM) is launching a program to map the existing laboratory capacity in Africa in partnership with the Bill and Melinda Gates Foundation (BMGF) and other partners. Working with Ministries of Health and national health institutes and key partners, ASLM is developing and piloting mapping tools to assess laboratory infrastructure, capacity, and networks, initially starting in a small number of countries.

The benefits of the laboratory mapping exercise are numerous, including empowering countries to make more comprehensive data driven planning decisions for laboratory networks, understanding more comprehensively the strengths and gaps in the laboratory system, and to enable future mapping exercises that provide trend analysis. This information can complement other health facility mapping exercises underway in some countries. Laboratory mapping information can be articulated effectively using Geographic Information System visualization tools to produce data outputs that inform governments, policy makers, implementing partners and donors, and enable effective planning and delivery of laboratory strengthening efforts and delivery of health services.

PRESENTERS:

  - Ali Elbireer, African Society for Laboratory Medicine
  - Amha Kebede, Ethiopian Public Health Institute
  - Wendy Stevens, South Africa National Health Laboratory Service

DATE: Sunday, 4 December  
TIME: 14:00 – 17:00  
LOCATION: 1.64  
BY INVITATION ONLY
SPONSOR:
Roche Diagnostics

**Systems Strengthening for Viral Load Scale Up**
This 4 hour seminar will support country efforts to scale up viral load testing for monitoring treatment failure in patients on antiretroviral therapy. The seminar is targeted towards laboratory managers and ministries of health, providing practical knowledge, options and solutions responsive to country needs.

**PRESENTERS:**
- Rosanna Peeling, International Diagnostics Centre, London School of Hygiene and Tropical Medicine
- Debi Boeras, International Diagnostics Centre, London School of Hygiene and Tropical Medicine
- Knut Seifert, Consultant

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SPONSOR:
H3 Africa/ Clinical Laboratory Services

**Biobanking for Africa: The H3 African Biorepositories**
This seminar examines the need and utility of biospecimen storage in Africa to drive research and policy development to respond to public health challenges. The H3Africa biorepositories have been pathfinders in pan-African sample shipment and storage, This seminar will be of use to any African researchers or healthcare professionals who are interested in biobanking science.

**PRESENTERS:**
- Alash’le Abimiku, Institute of Human Virology
- Marianne Henderson, National Institutes of Health
- Jantina De Vries, University of Cape Town
- Nicola Mulder, University of Cape Town
- Akin Abayomi, University of Stellenbosch
- Moses Joloba, Makarere University College of Health Sciences
- Elizabeth Mayne, Department of Molecular Medicine and Haematology, University of the Witwatersrand
SPONSOR:
Centers for Disease Control and Prevention and University of New Mexico School of Medicine

Emerging Technologies to Ensure Continued Competency of Laboratory Professionals and HIV Test Providers

The Continuous Quality Improvement for HIV Rapid Testing (CQI-RT) program is working to achieve three important impacts: to improve clinician confidence in the CQI-RT tests and thus enable the clinicians to better use the test results; to increase patient satisfaction with rapid testing interactions; and to reduce the number of false positives and false negatives at the testing sites. Emerging technologies offer the opportunity mentor health providers and improve their competency. This session will is a platform for best practice sharing using innovative technologies for training, and competency assessment.

PRESENTERS:
Bruce Baird Struminger, University of New Mexico Health Sciences Center, ECHO Institute
Mireille A Mpalang Kakubu, Ministry of Health and Social Services, Namibia
Peter Risha, Health Links Initiative, Tanzania
Geoffrey Taasi, Uganda Ministry of Health
Dumisani Mhlongo, National Institute for Communicable Diseases

SPONSOR:
CDC Division of Viral Diseases and Division of Global Health Protection, Vietnam

Early Warning and Response Systems and Global Health Security

Surveillance systems that allow early detection/recognition of signal events, a public health infrastructure that allows rapid notification and information sharing within countries and across borders, a trained epidemiological workforce and a laboratory network that can respond appropriately and rapidly are emerging as critical components of an early warning and response system within the framework of the Global Health Security Agenda. Speakers in this session will discuss ongoing work in four countries leading to establish early warning systems to prevent the next big outbreak.

PRESENTERS:
Arun Balajee, US Centers for Disease Control and Prevention
Franklin Asiedu-Bekoe, Ghana Health Service, Deputy Director (Public Health) and Head of Disease Surveillance Department
Etoundi Alain Georges Mballa, Ministry of Public Health of Cameroon
Rachel Idowu, US Centers for Disease Control and Prevention
Anthony Mounts, Centers for Disease Control and Prevention Vietnam
SPONSOR:

bioMérieux SA

Preventing, Detecting and Responding to Global Health Threats with Simple and Fast Syndromic Testing Technologies

Join us for a bioMérieux symposium on how syndromic testing for infectious diseases can lead to better healthcare system in African countries. With a focus on Sepsis, Respiratory Illnesses, Gastrointestinal diseases, Ebola, Meningitis and Encephalitis, the talks will highlight how FilmArray® technology plays a pivotal role in disease diagnosis, surveillance, outbreak investigation, initiation and monitoring of therapy, as well as research into different disease symptoms. The symposium also provides participants an opportunity to learn about how PCT testing interweaves with other diagnostic modalities for Sepsis and particularly highlights the efforts of bioMérieux in fighting this deadly pathology.

PRESENTERS:

Christine Ginocchio, Hofstra North Shore-LIJ School of Medicine
David Boulware, University of Minnesota
Zsolt Becze, Thermo Fisher Scientific
Francoise Gay-Andrieu, bioMérieux

SPONSOR:

National Health Laboratory Service

Laboratory Safety When Dealing with Routine Diagnostic Specimens from Patients with Suspected Viral Haemorrhagic Fevers (VHFs)

The aim of this seminar is to equip all categories of laboratory personnel to safely handle and process routine diagnostic specimens from suspected/confirmed Viral Haemorrhagic Fever patients using their existing laboratory infrastructure.

PRESENTERS:

Adriano G. Duse, National Health Laboratory Service
Teena Thomas, National Health Laboratory Service
Desmond Schnugh, National Health Laboratory Service
JP von Benecke, National Health Laboratory Service
Evolving Partnerships for TB Diagnostic Network Strengthening in Africa

This seminar will provide an overview of GLI Africa as a partnership focused on strengthening TB diagnostic networks in Africa, outline the needs for TB diagnostic network strengthening as part of an integrated public health diagnostic network. Innovative partnership models to build sustainable TB diagnostic network capacity to meet END TB targets, responsive to country needs, and inclusive of the public and private sector, will be explored.

PRESENTERS:

Amy Piatek, USAID
Bill Rodriguez, FIND
Mah-Sere Keita, African Society for Laboratory Medicine

Welcome and introduction / “GLI Africa: Overview, achievements and building effective partnerships for action”
“Aligning with Global Health Security Agenda to strengthen TB diagnostic networks to reach universal drug susceptibility testing”

PARTNERSHIP MODELS FOR TB DIAGNOSTICS STRENGTHENING IN AFRICA (Panel discussion)

FACILITATOR: Zachary Katz, FIND

PANELISTS:
Philip Onyebujoh, World Health Organization Regional Office for Africa
McPaul Okoye, Centers for Disease Control and Prevention Nigeria
Kekeletso Kao, FIND
Renuka Gadde, Becton, Dickinson and Company
Barbara O’Hanlon, O’Hanlon Health Consulting

Diagnostic Challenges of Acute Febrile Illness

This seminar will examine several aspects of the diagnostic challenges related to acute febrile illness, including: the WHO-led move to sustainable, regional/national lot quality assurance for malaria rapid tests by the end of 2017; management challenges of non-malarial febrile illness in the absence of adequate diagnostics; efforts underway to drive the development of new diagnostics that can distinguish between bacterial and non-bacterial infections; the scale of antimicrobial resistance in Africa; and the urgent need to increase laboratory readiness for infectious disease outbreaks.

PRESENTERS:

Bill Rodriguez, FIND
Sabine Dittrich, FIND
Birkneh Tadesse, Hawasse University
Petrus Jansen van Vuren National Institute for Communicable Diseases
Public-Private Partnerships to Expand Access to High Quality Testing Services in Africa

Healthcare delivery is expanding rapidly in Africa. While this has been mainly in the public sector, it is estimated that at least 50% of healthcare in Africa is delivered in the private sector. Accordingly, private laboratories play a significant role in delivering testing services, though the capacity and quality of testing may vary considerably from setting to setting. In ideal conditions, private laboratories would provide high quality testing services within the private sector and may also support the growing demands of public sector testing where needed.

The size of the healthcare challenge faced by Africa requires a reassessment of traditional service delivery models and the exploration of new approaches. Governments, multilateral agencies and development partners internationally have started to partner with the private sector to deliver laboratory services. There are many examples of successes, best practices and lessons learned, however these are often not well understood by all relevant stakeholders.

The African Society for Laboratory Medicine (ASLM) is convening a session at ASLM2016 amongst leading laboratory and public health experts, policy-makers and private sector leaders to share experiences with public-private-partnerships in laboratory services. The sessions aims to provide a forum for interactive discussion on the delivery of centralized laboratory services in Africa and how public-private-partnerships could play a role in expanding testing access to high quality diagnostics and innovative new diagnostic tools.

PRESENTER:
Ali Elbireer, African Society for Laboratory Medicine

IMPLEMENTING NUCLEIC ACID TESTING IN BLOOD TRANSFUSION SERVICES – PRACTICAL APPROACHES – WHY? AND HOW?

Why and How nucleic acid testing should be implemented in a blood transfusion service? This seminar will look at why NAT was implemented at SANBS in South Africa and is being implemented in other countries across Africa. It will also cover the How to implement NAT testing in a blood transfusion service specifically setting up NAT testing.

PRESENTERS:
Marion Vermeulen, South African National Blood Transfusion Service
Ronel Rademyer, South African National Blood Transfusion Service
SPONSOR:  
Hologic

Cervical Cancer Screening Programs – Effective Tools and Approaches

As countries consider options for cervical cancer screening programs, this seminar will offer perspective on global cancer control and women’s health. Data will be shared from South Africa’s National Health Laboratory Services broad evaluation of the many tools available for cervical cancer screening program.

PRESENTERS:
- Suzette Jordaan, National Health Laboratory Service
- Tariro Makadzange, Ragon Institute of MGH, MIT, and Harvard

SPONSOR:  
Merck

The Merck Global Health Integrated Approach: Health Solutions for Most Vulnerable Populations

The seminar will introduce the Merck Global Health approach by sharing vision and strategy as well as current initiatives and programs that aim to deliver sustainability and impact in health solutions addressing global health challenges in most vulnerable populations. The infectious diseases in focus are malaria, schistosomiasis and related microbial infections.

The seminar will also aim to exchange about the Merck efforts in the area of diagnostics. Beyond sharing about the development of new diagnostics (for e.g. malaria), the presentation will focus on the Muse® cytometry platform launched for CD4 monitoring for HIV patients in sub-Saharan Africa and other developing regions.

PRESENTERS:
- Beatrice Greco, Merck
- James Mulry, Merck
SPONSOR:
African Society for Laboratory Medicine

Improving Laboratory Systems in Africa via the Global Health Security Agenda (GHSA)

To strengthen laboratory systems to effectively respond to emergency situations, a Global Health Security Agenda (GHSA) initiative has been established. GHSA is an effort by nations, international organisations, and civil society to promote global health security as an international priority and accelerate progress towards a more secure and safe world. ASLM began implementing GHSA activities in Africa in August 2015 via a cooperative agreement with the US CDC. ASLM is utilizing a partnership framework model, along with select subject-matter experts to assess needs, develop roadmaps, and implement key activities in each of the GHSA countries in Africa. This session reviews the first year of GHSA implementation in Africa and discusses ways to better plan, coordinate and monitor laboratory systems strengthening efforts across the multiple stakeholders, implementing partners and donor agencies on the continent.

PRESENTERS:

Mah-Sere Keita, African Society for Laboratory Medicine
Lucy Maryogo-Robinson, Association of Public Health Laboratories
Pascale Ondoa, Amsterdam Institute for Global Health and Development
Kim Lewis, Association of Public Health Laboratories
Isatta Wurie, Association of Public Health Laboratories
Antoine Pierson, Integrated Quality Laboratory Services

SPONSOR:
African Journal of Laboratory Medicine

Statistical Secrets Revealed

This seminar will focus on some common misconceptions and errors in interpretation of data, as well as touch upon issues related to analysis and presentation of data.

PRESENTERS:

Andrea Kim, US Centers for Disease Control and Prevention

SPONSOR:
Beckman Coulter

Beckman Coulter Launches CARES Initiative – Advancing Healthcare for Everyone
Mentor4TB: The Toolkit

This seminar will provide information on the contents of the “Mentor4TB: The Toolkit”, as well as how to use the toolkit in a variety of laboratory settings. It includes use of the cover pages to identify the activities to be covered in each of the 12 quality system essentials as well as all technical areas in a TB laboratory. The seminar will also show participants how to navigate the various reference and resource materials available in the toolkit.

The toolkit features a compilation of standardized open source international strategic tools, guidelines, and references and is easily customizable to suit a variety of health systems contexts and settings. The main purpose of this toolkit is to facilitate standardization of the mentoring approach and allow clear tracking of laboratory progress from a baseline laboratory assessment utilizing the WHO/AFRO SLIPTA checklist, leading TB laboratories along a well-defined pathway to quality service delivery in compliance with international standards. The toolkit is conveniently available in standalone, easy to install Software and is highly intuitive to navigate.

SPONSOR:
American Society for Microbiology

PRESENTERS:
Shirematee Baboolal, American Society for Microbiology

Discover Change...

The demands on the laboratory has never been greater: increasing efficiency with current or less resources does require new approaches to cope with this challenge.

Learn more about

- Key success factors for scaling up HIV-1 viral load monitoring by dried-blood-spot testing and the performance of the recently launched HIV-1 one-spot-DBS assay.
- A rapid, low cost option for identifying cases of malaria infection in blood samples undergoing routine blood-counting using the CELL-DYN Ruby Hematology analyzer.
- AlinIQ AMS, a scalable solution connecting the LIS to any automated laboratory analyzer, enabling laboratories to achieve measurably better performance through continuous process improvements.

PRESENTERS:
Michael Palm, Abbott Molecular
Charles Kiyaga, Ministry of Heath, Uganda
Sergio Carmona, National Health Laboratory Service
Hans Hoffmann, Abbott Hematology
Adam Randolph, Abbott Diagnostics
Innovative Point-of-Care Technologies: Lessons Learned and Moving Forward

Point-of-care testing (POCT) is producing an unprecedented transformative effect on health care. POCT has been effectively used in testing for infectious diseases, including malaria and HIV, and has been demonstrated to be a valuable tool for managing non-communicable diseases. Although POCT technologies have been scaled-up rapidly worldwide, corresponding quality assurance programs have not kept pace. This symposium will discuss: the main QA/QC challenges facing widespread implementation of POCT testing, experiences from different countries with the use of a system such as FioNet; and provide insights related to the steps required to move forward the field.

**PRESENTERS:**

- Santiago Ferro, Fio Corporation
- Natasha Gous, National Health Laboratory Service, South Africa
- Rosanna Peeling, London School of Hygiene and Tropical Medicine
- William M Muraah, Meru County Government, Kenya
- Jackson Hungu, Clinton Health Access Initiative
- Nitika Pant Pai, McGill University

**SPONSOR:**

Fio Corporation

**DATE:** Tuesday, 6 December  
**TIME:** 12:45 – 13:30  
**LOCATION:** 1.6  
OPEN TO ALL
**SPONSOR:**

Pangaea Global AIDS and Beckman Coulter

**Uganda’s Specimen Hub Transport System: Supporting the Scale-up of Viral Load Monitoring**

Viral load monitoring for treatment success and failure is now standard of care in well-resource and resource limited countries. Uganda’s Specimen Hub System is providing efficient and cost effective nationwide transportation of specimens for complex diagnostics, including viral load monitoring, early infant diagnosis of HIV, oncology, multi-drug resistant tuberculosis, disease outbreak surveillance, and many others. Pangaea Global AIDS has documented this process as a best practice, and now the Laboratory, with international partners including Beckman Coulter and Pangaea, is working to expand the program in Uganda and to offer the approach as a model to other countries for adaptation and implementation.

**PRESENTERS:**

Charles Kiyaga, Ministry of Health, Uganda
Peter Ehrenkranz, Bill & Melinda Gates Foundation

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**SPONSOR:**

Daktari Diagnostics

**Hepatitis C Core Antigen Testing for Diagnosis of Hepatitis C Virus Infection**

As new highly effective Hepatitis C treatments become available and global disease elimination targets are set, we would like to discuss how simplifying and expanding access to testing for Hepatitis C infection could help us reach the goal of disease elimination.

**PRESENTERS:**

Teri Roberts, Medicines Sans Frontieres
Marta Fernandez Suarez, Daktari Diagnostics
SPONSOR:
USAID Global Health Supply Chain Program

From Product Selection to Reagent Rental Agreements: Supply Chain Implications of Viral Load Scale Up

Achieving the last 90 of the global 90-90-90 treatment goals will require rapid transition to test and start, inclusive of scale up of viral load monitoring and transition from the use of CD4. Such rapid scale up will face multiple challenges related to supply chain management. Local and global coordination will be key to achieving success. This seminar brings together many of the organizations that will play a role in rapid scale up of viral load programming. This is part of a two-part series; see Wednesday evening for “ForLab and LabEquip: Two essential tools for scaling up viral load testing.

PRESENTERS:
Shadrack Were, USAID
Joel Kuritsky, USAID
Dianne Edgil, USAID
James Batuka, USAID
Eileen Burke, The Global Fund to Fight AIDS, Tuberculosis and Malaria
Anita Sands, World Health Organization
Sergio Carmona, National Health Laboratory Service, South Africa

SPONSOR:
World Health Organization

WHO Workshop on Post-market Surveillance of IVDs (for End-users) and External Quality Assessment Schemes

The lack of regulatory oversight of in vitro diagnostics (IVDs) in many countries, both for pre-market assessment and post-market activities, has widely been acknowledged as a shortcoming for assuring the safety, quality and performance of IVDs. Post-market information on IVDs empowers end-users to detect issues, and for national regulatory authorities to investigate, communicate and contain events that threaten public health security, and for authorities to take appropriate action.

Post-market surveillance for IVDs is:
- proactive post-market surveillance through independent lot verification testing; evaluation of data from external quality assessment (EQA) schemes; and
- reactive post-market surveillance through reporting and evaluation of complaints, including adverse events, and any required actions to correct and prevent recurrence.

End-users typically identify testing errors through reports generated by EQA schemes (also known as proficiency testing), therefore participation in EQA schemes is a critical component of assuring quality of testing. All sites providing testing services, including community-based testing, should participate in an EQA scheme that allows for end-users to be evaluated for their proficiency and secondarily for information about IVDs in use to be gathered and evaluated.

At this workshop, WHO will present normative guidance and simplified systems for post-market surveillance, including lot verification testing, use of EQAS reports, and how to document and report complaints. We will also present revised WHO guidance on how to establish and run external quality assessment schemes.
The Origin of Fever and Anemia in Developing Countries

At this seminar we will share with you the developmental journey of our new innovative diagnostic tools, born from many decades of experience in routine blood cell analysis, to differentiate between viral, bacterial and parasitic causes of infection, with confirmation in cases of malaria. We will present data from our first trials to illustrate the clinical utility of this diagnostic concept in the management of acute febrile illnesses.

Building Laboratory Workforce Capacity in Africa through ASLM Fellowships

Insufficient human resource capacity in the health sciences is a fundamental problem in Africa and results in long term health system weaknesses. ASLM aims to address these underlying weaknesses and contribute to the building of a stronger laboratory workforce from the ground up. This session seeks to present three ongoing ASLM fellowship programmes, funded through a cooperative agreement with the US CDC. The fellowships, established in partnership with international organizations, seek and recruit talented African laboratory experts and provide them with additional hands-on training and practical implementation opportunities in the field. Session participants will learn about the ASLM fellowships and discuss additional opportunities and training needs to be addressed via these fellowships and other training programme opportunities.
SPONSOR:

Hologic

HIV Viral Load and EID on the Panther System - Performance From the Field

Investigators from Kenya, Zimbabwe, South Africa, and the United States present the latest performance data of Hologic’s Aptima HIV-1 Quant Dx Assay with plasma and Dried Blood Spot (DBS) for viral load monitoring.

PRESENTERS:

Matilu Mwau, Kenya Medical Research Institute
Lesley Scott, University of Witwatersrand
Tariro Makadzange, Ragon Institute of MGH, MIT, and Harvard

SPONSOR:

Alere

Decentralising HIV Early Infant Diagnosis and Viral Load Testing to Achieve 90-90-90

Achieving the ambitious 90-90-90 goals, to end the AIDS epidemic, will require testing and treatment of key populations no matter where they are. Point-of-care diagnostics have a critical role to play in reaching these patients and providing them with immediate, actionable results regarding their HIV status, stage of disease and response to therapy. Rapid diagnostic tests have already helped achieve ubiquitous access to HIV screening results for adults. Alere q point-of-care molecular technology offers the same promise for HIV Early Infant Diagnosis (EID) as well as viral load monitoring.

PRESENTERS:

Trevor Peter, Clinton Health Access Initiative
Sergio Carmona, National Health Laboratory Service
Lucia Hans, Clinical Virologist, National Health Laboratory Service
Reuben Mwenda, Ministry of Health, Malawi
Brad Cunningham, SystemOne LLC
Luis Gonzalez, Alere
Distance/Non-traditional Learning Methods for Continuing Medical Education Provides Opportunities for Compliance Success in Resource Limited Countries

As the world becomes more digitized there are fewer barriers to finding valuable information via the internet and mobile devices. Populations may not have access to traditional learning opportunities such as conferences, symposiums and workshops, but there is a critical need to provide more accessibility to learning opportunities. Many healthcare professionals are faced with the challenge of doing so with limited time and resources, and day-to-day staff may not be afforded the opportunity to seek continuing education outside of their facility.

Distance learning has been a highly successful tool in many nations to ensure that all staff have access to much needed education and training opportunities. With the advent of mobile devices access to these tools are even now more successful and commonplace.

Join us to learn the best practices in continuing education compliance and a new cutting edge way to educate and transform your entire healthcare system! Also earn an opportunity for a free CPD course for you and your colleagues just by attending this session. VESSEL EDUCATION offers education at the speed of health!

PRESENTERS:

Maria Hardy, International Medical Technologies

SPONSOR:

ALM via CHAI UNITAID POC Grant

System Strengthening: Sample Transportation and Data Management

This session will address the topics of sample transportation and data management as critical components of a strong centralized laboratory system. Partners will discuss the fundamental components of each system, and country representatives will share their experiences in designing, implementing and evaluating different interventions. By the end of the session, participants will understand the fundamental components of both LIMS and sample transport networks, identify how improved data management improves visibility and program performance, and recognize ways to optimize sample transportation networks.

PRESENTERS:

Dr. Charles Kiyaga, National Reference Laboratory, Uganda
Mah-Sere Keita, African Society for Laboratory Medicine
Mrs Ellen Munemo, Laboratory Services Zimbabwe
Matoko Mokenyakenya, Ministry of Health, Lesotho

DATE: Wednesday, 7 December
TIME: 07:00 – 08:30
LOCATION: 2.4
OPEN TO ALL

DATE: Wednesday, 7 December
TIME: 07:00 – 08:30
LOCATION: 2.4
OPEN TO ALL
**Achieving 90-90-90 Targets: Integrating TB and HIV Testing**

The availability of polyvalent near point of care and point of care diagnostics platforms with TB and HIV (qualitative and quantitative) testing capabilities provides the opportunity to integrate TB and HIV diagnostic programs starting at the health clinic level. The symposium will focus on identifying challenges and opportunities for integrating TB and HIV programs in resource limited settings. It will also provide research-based evidence to demonstrate the value of using the GeneXpert® polyvalent systems in integrating TB and HIV programs. The panel discussion will engage policy makers and donors towards creating an enabling environment for TB and HIV integration and meeting the 90-90-90 goals for both diseases by 2030.

**CE-IVD**. In vitro Diagnostic Medical Device. Not all assays available in all countries.

**PRESENTERS:**

- Philippe Jacon, Cepheid
- Jillian A. Sacks, Clinton Health Access Initiative
- Lesley Scott, National Health Laboratory Service
- Trevor Peter, Clinton Health Access Initiative

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**An Integrated Laboratory Response to Global Health Securities. Exploring the Gaps in Laboratory Capacity and the Tools and Resources a Community of Practice for Laboratories through Global Health Laboratories can Provide**

This seminar’s primary aim is to, through a series of presentations, panel discussions and a Question and Answer session identify:

1. Gaps in, and needs for, laboratory capacity development in countries with disease threats like TB, Malaria, Ebola, etc.
2. Tools and resources needed to participate in clinical research and development in developing countries.
3. Minimum requirements that encourage linkages between clinical and laboratory staff participating in clinical research.
4. How TGHN and GHL can address these gaps and needs for capacity development through its digital platform method.

The secondary aim is to develop a guidance document for laboratories that want to build their capacity for clinical research and responses to global health threats in LMIC.
Regulation of HIVST in Africa: Requirements, Readiness and Response

Many countries in Africa are now focusing on the regulation of in-vitro diagnostics (IVDs) as well as investigating the implementation of HIV self-testing in hard to reach populations. This session will provide an update on current projects and research focusing on the regulation of HIV self-testing. The unique issues for regulators and policymakers for the regulation of HIV self-testing will be highlighted. Lessons learned and challenges faced from current projects will be shared and discussed with participants. The session will also update participants on the current regional IVD regulator harmonization efforts in Africa.

**PRESENTERS:**
- Anita Sands, World Health Organisation
- Mohammed Majam, WITS Reproductive Health Institute
- Russell Dacombe, Liverpool School of Tropical Medicine

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Global Laboratory Initiative for Africa (GLI Africa)

Strengthening Diagnostic Networks in Africa

Tuberculosis diagnostic networks provide a critical role in the control of TB disease and in achieving the endTB strategy goals. The Global laboratory initiative for Africa (GLI Africa) a regional partnership focused on TB laboratory diagnostic networks through this session aims to draw attention to challenges facing laboratories. Provide countries with priority guidance tools essential in TB diagnostic network strengthening will be shared including the role of laboratories in the endTB strategy and quality management systems aiming for continuous quality improvement. In addition, the session will provide guidance on how to bridge the diagnostic-treatment gap using connectivity solutions.

**PRESENTERS:**
- Amy Piatek, GLI Africa
- Obert Kachuwaire, African Society for Laboratory Medicine
- Wayne van Germet, World Health Organisation
- Heidi Albert, FIND South Africa
- Nazir Ismail, National National Institute of Communicable Diseases/National Health Laboratory Service
- Wayne van Germet, World Health Organisation
SPONSOR:
EGPAF, MSF, EID Consortium/LSHTM, CHAI, ASLM

Part 1. Implementing Point-of-Care Technologies for Early Infant Diagnosis of HIV: Lessons Learned, Strategic Planning, Models for Scale-up, and Remaining Debates

With the availability of effective POC EID technologies and corresponding laboratory and field evaluation data, Ministries of Health (MOHs) are preparing to integrate POC testing within existing conventional networks. As MOHs develop implementation plans there are important programmatic factors to consider, including requirements for regulatory approval, product and site selection, training preparation, management of POC networks, and ensuring sustainability. This session will focus on sharing lessons learned from pilots and programmatic experiences to inform the implementation of POC EID technologies, including Product and Site Selection, HIV/TB Integration, Data Management, Training Practices, and Supplier Engagement.

PRESENTERS:
Sergio Carmona, National Health Laboratory Service
Catherine Wedderburn, London School of Hygiene and Tropical Medicine
Reuben Mwenda, Ministry of Health, Malawi
Ilesh Jani, Instituto Nacional de Saúde (INS), Mozambique
Jeff Lemaire, Elizabeth Glazer Pediatric AIDS Foundation
Ellen Munemo, Laboratory Services Zimbabwe

SPONSOR:
USAID Global Health Supply Chain Program

ForLab and LabEquip: Two Essential Tools for Scaling Up Viral Load Testing

As viral load programs scale up to meet 90-90-90 targets, two open source software packages will be key to transitioning from CD4 and optimizing the laboratory network for viral load. Effective use of these tools will help produce strategic analysis and inform budgeting to be used for securing sufficient funding. ForLab has been widely used for quantification. LabEQIP is an easy-to-use platform that can act as a data repository for information relevant to laboratory network performance. This session’s speakers will introduce ForLab and LabEQIP, demonstrate the tools, and explain how programs can use them for greatest impact.

PRESENTERS:
Aloysius Bingi Tuslime, USAID Global Health Supply Chain Program
Neelima P. Ramaraju, Llamasoft, Inc.
Zelalem Gizachew, Opian Health Information Technology Solutions
Joel Kuritsky, USAID
Jason Williams, USAID
McPaul Okoye, Centers for Disease Control and Prevention, Nigeria
**SPONSOR:**

**World Health Organization**

**Assuring the Quality of In Vitro Diagnostics (IVDs): WHO Prequalification of IVDs (PQDx) and Emergency Use Assessment and Listing (EUAL)**

The WHO Prequalification of In Vitro Diagnostics (PQDx) aims at assuring the quality of IVDs through a process including a product dossier review, a performance evaluation and on-site inspection of the manufacturing site(s). The outcomes of the process provide evidence to inform procurement decisions.

The Emergency Use Assessment and Listing (EUAL) procedure assesses IVDs needed to respond to a Public Health Emergency of International Concern and expedite their availability. It advises procurement agencies and Member States on the suitability of IVDs, based on available quality, safety, and performance data. The EUAL procedure was developed for Ebola and now includes Zika IVDs.

WHO will present an update on PQDx and the work performed under the EUAL procedure.

**PRESENTERS:**

- Irena Prat, World Health Organization
- Robyn Meurant, World Health Organization
- Joel Kuritsky, United States Agency for International Development
- Agnes Sitta Kijo, Tanzania Food and Drugs Authority

**DATE:** Wednesday, 7 December  
**TIME:** 19:00 – 20:30  
**LOCATION:** 1.6  
**OPEN TO ALL**

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**SPONSOR:**

**Sysmex**

**Unpacking PPP’s Myths and Opportunities**

Sysmex will be undertaking a panel discussion focusing on Public Private Partnerships (PPP) on the African continent. The PPP topic will be reviewed from different perspectives including a financial academic perspective; a private sector perspective; government and NGO perspective and lastly the perspective of relevant implementing partners. Through this panel discussion our objective is to unpack assumptions and uncover realities while looking at best practice from PPP stakeholders. Answering the questions around what is a PPP in our healthcare context, who are the partners in a PPP and what is the successful outcome for all partners will enrich the knowledge and understanding for all delegates attending this session.

**PRESENTERS:**

- Trevor Peter, Clinton Health Access Initiative
- Harold Kaura, Namibia Institute of Pathology
- Ahmed Kalebi, Lancet Group of Laboratories
- Jan du Toit, Stellenbosch University

**DATE:** Wednesday, 7 December  
**TIME:** 19:00 – 20:30  
**LOCATION:** 2.4  
**OPEN TO ALL**
SPONSOR:
EGPAF, MSF, EID Consortium/LSHTM, CHAI, ASLM

Part 2. Implementing Point-of-Care Technologies for Early Infant Diagnosis of HIV: Lessons Learned, Strategic Planning, Models for Scale-up, and Remaining Debates

With the availability of effective POC EID technologies and corresponding laboratory and field evaluation data, Ministries of Health (MOHs) are preparing to integrate POC testing within existing conventional networks. As MOHs develop implementation plans there are important programmatic factors to consider, including requirements for regulatory approval, product and site selection, training preparation, management of POC networks, and ensuring sustainability. This session will focus on sharing lessons learned from pilots and programmatic experiences to inform the implementation of POC EID technologies, including Product and Site Selection, HIV/TB Integration, Data Management, Training Practices, and Supplier Engagement.

PRESENTERS:
Zee Ndlovu, Médecins Sans Frontières
Anafi Mataka, Elizabeth Glazer Pediatric AIDS Foundation
Jackson Hungu, POC EID Procurement Consortium
David Kob, National AIDS Control Committee
Nancy Bowen, National Reference Lab Kenya
Katie Pollak, Clinton Health Access Initiative

SPONSOR:
African Journal of Laboratory Medicine

Developing Killer Presentations

This workshop will cover crafting effective messages, designing engaging and relevant slides, creating useful templates, honing PowerPoint techniques, and improving delivery skills.

This workshop is part of the ASLM206 Young Professionals Course Series.

ASLM2016 will include a series of courses built into the conference schedule aimed at building analysis and communication capacity of young African laboratory professionals. The course series is sponsored by the African Journal of Laboratory Medicine, the official peer reviewed journal of ASLM, under the Journal’s mandate to build African capacity to conduct and communicate laboratory-related scientific research. The course series will be in partnership with the ASLM Academy and provide a sneak peek into the more comprehensive curriculum of similar courses offered by the ASLM Academy to laboratory professionals on a biannual basis.

PRESENTERS:
Andrea Kim, US Centers for Disease Control and Prevention
Detect Emerging Resistance As It Happens

When you depend on laboratory results to guide your most critical patient decisions, turn to MicroScan as a proven leader* in accuracy.

Enhance your laboratory’s efficiency with Beckman Coulter Diagnostics, and gain access to a suite of innovative products, services and business processes.

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* Based on multiple publications over a period of more than 30 years.

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AD-51290
Opening Ceremony Sponsor

Keynote Address

Dr. Matshidiso Rebecca Moeti, Regional Director, World Health Organization Regional Office for Africa, Republic of the Congo

WHO’s Perspectives on the Role of Laboratory Medicine in Africa

Dr. Moeti from Botswana is the first woman to serve as World Health Organization (WHO) Regional Director for Africa. She aims to build a responsive, effective, and results-driven regional secretariat that can advance efforts towards universal health coverage and accelerate progress toward global development goals while tackling emerging threats. Dr. Moeti is a public health veteran, with more than 35 years of national and international experience. She joined WHO’s Africa Regional Office in 1999 and has served as Deputy Regional Director, Assistant Regional Director, Director of Non-communicable Diseases, WHO Representative for Malawi, and Coordinator of the Inter-Country Support Team for the South and East African countries. Prior to joining WHO, she worked with UNAIDS as a Team Leader of the Africa and Middle East Desk in Geneva (1997-1999); with UNICEF as a Regional Health Advisor for East and Southern Africa; and with Botswana’s Ministry of Health as a Clinician and Public Health Specialist. Notably, at the height of the HIV/AIDS epidemic, she led the WHO Regional Office for Africa’s efforts on treatment scale-up in the context of the ‘3 by 5’ initiative and established a regional HIV laboratory network resulting in a significant increase in the number of individuals accessing antiretroviral therapy.

Invited Speakers:

- Dr. Mohamed Ally Mohamed, Director Health Quality Assurance Department, Ministry of Health Community Development, Gender, Elderly and Children
- HE Dr. Osagie Ehanire, Minister of State for Health, Nigeria
- HE Dr. Aaron Motsoaledi, Minister of Health, South Africa

Special Guests:

- Dr. Wolfgang Keller, Roche Diagnostics
- Dr. Ali M. Elbireer, African Society for Laboratory Medicine, CEO
- Prof. Alash’le Abimiku, African Society for Laboratory Medicine, Chair, Board of Directors
- Prof. Anthony Emeribe, ASLM2016 Conference Co-Chair
- Prof. Wendy Stevens, ASLM2016 Conference Co-Chair
Tuesday, 6 December 2016

PLENARY 1
PUBLIC HEALTH INSTITUTES AND GLOBAL HEALTH SECURITY: LABORATORY AS A LYNCH PIN

DATE: Tuesday, 6 December
TIME: 09:00 – 10:30
LOCATION: Auditorium 1
SESSION CO-CHAIRS: Samuel Adeniyi-Jones, Office of Global Affairs, US Department of Health and Human Services, United States
Alash’le Abimiku, Institute of Human Virology Nigeria, Abuja, Nigeria

SPEAKERS

Kevin De Cock, Director, Centers for Disease Control and Prevention, Kenya

What Does Global Health Security Mean for Africa: Looking Back and Current Realities

Kevin M. De Cock is the Director of CDC Kenya, and most recently was the Director of CDC’s Center for Global Health in Atlanta. He joined CDC in 1986 as an Epidemic Intelligence Service Officer in the Special Pathogens Branch, Division of Viral Diseases. He was the founding Director of CDC’s collaboration on HIV with Cote d’Ivoire, Projet RETRO-CI, from 1988-1993. From 2006–2009 he was Director of the World Health Organization (WHO) Department of HIV/AIDS and previously served as Director of the CDC Division of HIV/AIDS Prevention – Surveillance and Epidemiology in the United States. He has published over 350 papers and book chapters.
John Nkengasong, Director, Africa Centers for Disease Control and Prevention, Ethiopia

**Africa Centers for Disease Control and Prevention: Augmenting Africa’s Response to Health Threats**

Dr. John Nkengasong is currently the Principal Deputy Director (acting) for the Center for Global Health at the U.S. Centers for Disease Control and Prevention (CDC). Since 2005, Dr. Nkengasong served as the Associate Director of Laboratory Science and Chief of the International Laboratory Branch at the Division of Global HIV & TB, Center for Global Health, CDC and Director of WHO collaborating Center. He also co-chairs the President’s Emergency Plan for AIDS Relief’s (PEPFAR) Laboratory Technical Working Group. Between 1993-95 he was Chief of the Virology and the WHO Collaborating Center on HIV diagnostics, at the Department of Microbiology, Institute of Tropical Medicine, Antwerp, Belgium. In 1995, he joined CDC as Chief of the Virology Laboratory, CDC Abidjan, Ivory Coast. He is also the recipient of the National Order of the Republic of the Ivory Coast, knight for his outstanding work in public health in that country. He has authored/co-authored >180 peer-review journal articles and book chapters.

Matshidiso Moeti, Regional Director, World Health Organization Regional Office for Africa, Republic of the Congo

**Antimicrobial Resistance in Africa: Role of Laboratory**

Dr. Moeti from Botswana is the first woman WHO Regional Director for Africa. She aims to build a responsive, effective and result-driven regional secretariat that can advance efforts towards universal health coverage and accelerate progress toward global development goals, while tackling emerging threats. She joined WHO’s Africa Regional Office in 1999 and has served as Deputy Regional Director, Assistant Regional Director, Director of Non-communicable Diseases, WHO Representative for Malawi, and Coordinator of the Inter-Country Support Team for the South and East African countries. Prior to joining WHO, she worked with UNAIDS as a Team Leader of the Africa and Middle East Desk in Geneva (1997-1999); with UNICEF as a Regional Health Advisor for East and Southern Africa; and with Botswana’s Ministry of Health as a Clinician and Public Health Specialist.
### ORAL SESSION 1

#### Oral Session 1.1: New Technologies for Disease Control and Elimination

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>11:20 – 11:30</td>
<td>Comparative Results of A Novel Flow Cytometric Assay (FA) for Early Detection of Cryptococcal antigen (CrAg) Against LFA and EIA in HIV-infected Patients with a CD4 Count &lt;100 cells/µl</td>
<td>L.M. Coetzee, D.K. Glencross</td>
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<td>11:30 – 11:45</td>
<td>Question &amp; Answer</td>
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<td>12:15 – 12:30</td>
<td>Question &amp; Answer</td>
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#### Oral Session 1.2: Preparedness and Lessons Learned from Outbreaks

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<th>Time</th>
<th>Title</th>
<th>Authors</th>
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</thead>
<tbody>
<tr>
<td>11:20 – 11:30</td>
<td>Investigation and Response of Pertussis Outbreak in a Rural Community, Kano, Nigeria, December 2013</td>
<td>S.A. Ibrahim</td>
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<td>11:30 – 11:45</td>
<td>Question &amp; Answer</td>
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<td>12:05 – 12:15</td>
<td>The First Mile of e-Surveillance</td>
<td>M.D. Murray, M. Roofe</td>
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<td>12:15 – 12:30</td>
<td>Question &amp; Answer</td>
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#### Oral Session 1.3: Emerging Trends of Antimicrobial Resistance in Africa

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<th>Time</th>
<th>Title</th>
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<tbody>
<tr>
<td>11:00 – 11:10</td>
<td>Multidrug-resistant Tuberculosis (MDR-TB) an Emerging Problem in West Africa</td>
<td>J.K. Otu, F. Gbreh, K.A. Oluadun, B. Diarra, A. Forson, M. Antonio</td>
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<tr>
<td>11:20 – 11:30</td>
<td>Molecular Analysis of Rifampicin Resistance Mutations in Mycobacterium Tuberculosis and Nontuberculous Mycobacteria from Zimbabwe by rpoB Gene Sequencing</td>
<td>N. Chin’ombe</td>
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<td>11:30 – 11:45</td>
<td>Question &amp; Answer</td>
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<tr>
<td>11:45 – 12:05</td>
<td>Antibiotic Resistance Studies and Molecular Investigation of Sulfamethoxazole on Salmonella Species Isolated from Diarrhoeal Stools of Some HIV Patients in Kaduna Nigeria</td>
<td>T. Ibrahim</td>
</tr>
<tr>
<td>12:05 – 12:15</td>
<td>Determining Vancomycin Susceptibility in Methicillin-resistant Staphylococcus Aureus Isolates from Clinical Specimens Obtained at a Tertiary Academic Hospital</td>
<td>B. Shem, N.M. Mbelle, J. Antiabong, S. Atanda, S. Mahlangu, N. Maningi, B. Magazi</td>
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<td>12:15 – 12:30</td>
<td>Question &amp; Answer</td>
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<td>11:00 – 11:10</td>
<td>National Scale-up Trend and Test Outcomes for Viral Load Testing in Kenya</td>
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<td>11:10 – 11:20</td>
<td>Evaluation of the Stability of DBS Samples for HIV-1 Viral Load Testing in Uganda</td>
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<td>G.E. Kushemererwa</td>
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<td>11:20 – 11:30</td>
<td>HIV Dried Tube Samples: A Novel Approach for HIV Viral Load EQAs Provision in Both Laboratory and Community Settings</td>
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<td>L.M. Cabuang, E. Wilson, S. Best, W. Dineen, S. Badman</td>
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<td>11:30 – 11:45</td>
<td>Question &amp; Answer</td>
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<tr>
<td>11:55 – 12:05</td>
<td>Dried Blood Spot Specimens for HIV-1 Viral Load Determination Using COBAS® AmpliPrep/COBAS® TaqMan® HIV-1 Test, v2.0 in Swaziland</td>
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<td>G.P. Maphatela, A. Matako, N. Phungwayo, S. Dlamini, T.A. Nigussie, P. Bongomin, R. Kisame</td>
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<td>12:05 – 12:15</td>
<td>Diagnostic Accuracy Validation of Abbott m2000 for HIV Viral Load Testing on DBS Samples; Malawi Pilot Study</td>
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<td>Z. Ndlovu</td>
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### ORAL POSTER 1

#### ORAL POSTERS 1.1: Quality and Biosafety

**Tuesday, 6 December**  
**Ballroom East/West, Stage 1**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 12:30 – 12:40 | RDT Roadshow: Comprehensive and Country-Specific Training in Rapid Diagnostic Tests  
| 12:40 – 12:50 | Assessment of Laboratory Capacity of Public Secondary Health Centres in Performing Assay of Selected Epidemic Prone Diseases in Oyo-State, Nigeria  
O.T. Bankole    |
| 12:50 – 13:00 | A Comprehensive Approach to Biosafety Cabinet Usage, Maintenance and Certification to Ensure Biosafety and Biosecurity of Medical Laboratories  
K. Lewis, L. Manyango-Robinson, M. Sondhini |
| 13:00 – 13:10 | Impact of External Quality Assessment for Tuberculosis In Eastern Province, Zambia  
D.S. Mainza    |
S.W. Mwanyumba |
| 13:20 – 13:30 | Improving the Quality of Xpert MTB/RIF Testing Services: A Kenyan Experience on the Use of Dried Tube Specimen Proficiency Panels  

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#### ORAL POSTERS 1.2: Role of Laboratory Networks in Disease Detection and Outbreak Preparedness

**Tuesday, 6 December**  
**Ballroom East/West, Stage 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 12:30 – 12:40 | The Value of Modern Public Health Laboratories Against Emerging Threats and Epidemics in Africa  
E. Tambo, C. Khayeka-Wandabwa, A. Kazienga, O.A. Oluwasogo, J.Y. Ngogang, A.A. Adedeji, E. Khater |
| 12:40 – 12:50 | Antimicrobial Resistance Baseline Survey Conducted Among 21 Facilities in Uganda by the Central Public Health Laboratories and Partners  
I. Mugerwa, G. Gasparid, S. Ikoba, A. Steven, R. Walwema    |
| 12:50 – 13:00 | HIV Viral Load Laboratory Testing and Sample Networking in a Resource-limited Setting of Nyanza Province, Western Kenya  
| 13:00 – 13:10 | Building the Capacity to Offer HIV Drug Resistance Testing as a Standard of Care in Kenya  
M. Mwawa, F. Ogollah, P. Beana, N. Saleri, E. Ajema, Y. Scrivens, A.D. Kwiallah |
D. Maruapula, S. Gaseitsiwe, I. MacLeod, C. Rowley, M. Leleane |
| 13:20 – 13:30 | Has the Threshold of Case Detection with Xpert MTB/RIF Been Reached in South Africa?  
K. Shearer, D. Dowdy, J. Golub, L. Scott, L. Berrie, W. Stevens, W.B. MacLeod, M.P. Fox |
POSTER 1
GLOBAL HEALTH SECURITY AND PUBLIC HEALTH INSTITUTES

POSTER NUMBERS:

>> Posters 1-76 will be shown in Jasminum

>> Posters 77-134 will be shown in Ballroom East/West Foyer

>> Posters 135 - 218 will be shown in Auditorium 1 Foyer

>> Later Breaking Global Health Security Posters will be shown on Wednesday, 7 December

Please refer to the Poster Directory in the back of the Conference Programme for poster numbers and titles.

Complete poster information can be viewed in the online Abstract Book at www.aslm2016.org
Special Session 1

GLOBAL HEALTH SECURITY NEEDS FOR AFRICA

DATE: Tuesday, 6 December
TIME: 13:30 – 15:00
LOCATION: Auditorium 1

SESSION OVERVIEW:
The Ebola epidemic in West Africa galvanized global responsiveness and public health assets globally to eliminate active cases and help the affected countries recover. African leaders and officials showed extraordinary leadership in addressing the outbreak. The epidemic highlighted the urgent need to establish global capacity to prevent, detect, and respond to biological threats – to prevent future outbreaks from becoming epidemics. This session will bring together policymakers, researchers, Ministers of Health, and global health security experts to discuss what global health security means in Africa in terms of mitigating morbidity and mortality of public health threats. In addition, this session will review ways African countries can better prepare to prevent or mitigate the impact of naturally-occurring outbreaks and intentional or accidental releases of dangerous pathogens and rapidly detect and transparently report them when they occur; and employ an interrelated global network that can respond rapidly and efficiently. This session will also focus on how effective laboratory networks and systems, that will be central to achieving the goals of the global health security agenda, can be strengthened and aligned with national public health institutes.

MODERATOR:
Zoë Mullan, Editor-in-Chief, The Lancet Global Health, United Kingdom

Zoë Mullan is Editor-in-Chief of the open access journal, The Lancet Global Health. She trained in Biochemistry at the University of Bath, UK, before joining the publishing world in 1997 as a Scientific Information Officer with CAB International. She moved on to The Lancet in 1999, where she has worked since, variously as a technical editor, section editor, and founding editor of The Lancet Global Health.

PANELISTS:
Kevin De Cock, Director, Centers for Disease Control and Prevention, Kenya

Global Health in the 21st Century in Africa

Kevin M. De Cock is the Director of CDC Kenya, and most recently was the Director of CDC’s Center for Global Health in Atlanta. He joined CDC in 1986 as an Epidemic Intelligence Service Officer in the Special Pathogens Branch, Division of Viral Diseases. He was the founding Director of CDC’s collaboration on HIV with Cote d’Ivoire, Projet RETRO-CI, from 1988-1993. From 2006–2009 he was Director of the World Health Organization Department of HIV/AIDS and previously served as Director of the CDC Division of HIV/AIDS Prevention – Surveillance and Epidemiology in the United States. He has published over 350 papers and book chapters.
Keith Klugman, Director of Pneumonia, Bill & Melinda Gates Foundation, United States

**Emerging Trends in Antimicrobial Resistance in Africa**

Keith Klugman is the Director of Pneumonia at the Bill and Melinda Gates Foundation in Seattle, WA and the Emeritus William H. Foege Chair of Global Health at the Hubert Department of Global Health at Emory University in Atlanta, GA. In addition, he serves as an Honorary Professor in the Respiratory and Meningeal Pathogens Research Unit at the University of the Witwatersrand, in Johannesburg, South Africa. In 2015, Keith was elected to membership of the US National Academy of Medicine. He has chaired or served on numerous expert committees for the World Health Organization, the Wellcome Trust and the Centers for Disease Control and Prevention. His current position allows him the opportunity to contribute to the mission of the Gates Foundation to reduce deaths from pneumonia in children, thus allowing them the chance to lead healthy and productive lives.

Jordan Tappero, Senior Advisor, Centers for Disease Control and Prevention, United States

**US CDC’s Strategy for Global Health Security in Africa**

Jordan Tappero, MD, MPH, is a senior advisor in the Center for Global Health at the Centers for Disease Control and Prevention. Dr. Tappero has long provided scientific leadership and oversight for global public health activities at CDC. Prior to his current role, he served as Director of the Division of Global Health Protection, leading the agency’s contribution to the transformative Global Health Security Agenda. From 2006-2008, Dr. Tappero served as CDC Country Director in Uganda, where he oversaw Global AIDS Program and President’s Malaria Initiative activities. He also spent six years as CDC Country Director in Thailand, a program with three components: Global AIDS Program, HIV/AIDS Research, and Global Disease Detection. While in Thailand, he also served as the DHHS and State Department Health Attaché for the U.S. Embassy—Bangkok.

Matshidiso Moeti, Regional Director, World Health Organization Regional Office for Africa, Republic of the Congo

**Perspective on Global Health Security from WHO AFRO**

Matshidiso Moeti from Botswana is the first woman WHO Regional Director for Africa. She aims to build a responsive, effective and result-driven regional secretariat that can advance efforts towards universal health coverage and accelerate progress toward global development goals, while tackling emerging threats. She joined WHO’s Africa Regional Office in 1999 and has served as Deputy Regional Director, Assistant Regional Director, Director of Non-communicable Diseases, WHO Representative for Malawi, and Coordinator of the Inter-Country Support Team for the South and East African countries. Prior to joining WHO, she worked with UNAIDS as a Team Leader of the Africa and Middle East Desk in Geneva (1997-1999); with UNICEF as a Regional Health Advisor for East and Southern Africa; and with Botswana’s Ministry of Health as a Clinician and Public Health Specialist.
SYMPOSIUM 1

ANTIMICROBIAL RESISTANCE: A GLOBAL THREAT

SESSION OVERVIEW:

Antimicrobial resistance is increasing the cost, and reducing the success, of health care across Africa. Laboratory professionals are key to recognizing and containing resistance. In the last decade, resistance has had particularly devastating effects on systemic, respiratory and enteric infections, particularly in the very young. This session will review the current epidemiology of antibacterial resistance, particularly as impacts Africa. Participants will be introduced to the problem of resistance in pathogens that contribute significantly to Africa’s infectious disease burden from bacteraemias, enteric infections and respiratory disease. Speakers will address bacterial as well as anthropomorphic factors exacerbating antimicrobial resistance. The session will also address interventions that are, or could be useful for containing the problem, particularly those that apply to laboratory scientists.

- **Antimicrobial Resistance in Neonatal Infections**
  Shaheen Mehtar, University of Stellenbosch, South Africa

- **Epidemiology and Drivers of Antimicrobial Resistant Enteric Pathogens in Kenya: Emerging Trends**
  Samuel Kariuki, The Kenya Medical Research Institute (KEMRI), Kenya

- **Mobile Genetic Elements in Gram Negative Resistance**
  Iruka Okeke, University of Ibadan, Nigeria

- **The Impact of Pneumococcal Conjugate Vaccines on Antimicrobial Resistance**
  Cheryl Cohen, National Institute for Communicable Diseases, South Africa

CO-CONVENERS:

Keith Klugman, Bill & Melinda Gates Foundation, United States

Keith Klugman is the Director of Pneumonia at the Bill and Melinda Gates Foundation in Seattle, WA and the Emeritus William H. Foege Chair of Global Health at the Hubert Department of Global Health at Emory University in Atlanta, GA. In addition, he serves as an Honorary Professor in the Respiratory and Meningeal Pathogens Research Unit at the University of the Witwatersrand, in Johannesburg, South Africa. In 2015, Keith was elected to membership of the US National Academy of Medicine. He has chaired or served on numerous expert committees for the World Health Organization, the Wellcome Trust and the Centers for Disease Control and Prevention. His current position allows him the opportunity to contribute to the mission of the Gates Foundation to reduce deaths from pneumonia in children, thus allowing them the chance to lead healthy and productive lives.

Iruka Okeke, University of Ibadan, Nigeria

Iruka N Okeke is a Professor of Pharmaceutical Microbiology at the University of Ibadan, Nigeria and an MRC/DFID-supported African Research Leader. She studies diarrhoeal pathogens, bacterial drug resistance, and laboratory practice in Africa. Iruka received postgraduate and postdoctoral education at Obafemi Awolowo University, Nigeria, The University of Maryland, USA and Uppsala Universitet, Sweden. She has since held Branco Weiss and Institute for Advanced Studies (Berlin) fellowships as well as academic positions in Nigeria, the UK and the USA. Iruka has consulted on drug resistance, to APUA, WHO, the Center for Global Development, United States Pharmacopoeia and other organizations.
SPEAKERS:

Shaheen Mehtar, University of Stellenbosch, South Africa

Shaheen Mehtar consults at the Unit for Infection Prevention and Control (UIPC) at Tygerberg Academic Hospital and Faculty of Health Sciences, Stellenbosch University. She trained in the United Kingdom in Medical Microbiology, Infectious Disease and Community Health. She was Head of the Dept of Microbiology at the North Middlesex Hospital linked to Royal Free Hospital. She has served on executive committees of the Hospital Infection Society, The British society of Antimicrobial Chemotherapy, European Society of Microbiology and Infectious Disease, the International Society of Chemotherapy and serves on several WHO committees. Prof. Mehtar is the founder member of the Infection Control Africa Network (ICAN) and the current chair. Through ICAN, she has been extensively involved in setting up many IPC training programmes in 15 countries and setting up IPC structures across Africa. Prof Mehtar is a highly respected and recognised world expert in Infection Control and is frequently consulted by governments such as Egypt, Namibia, Swaziland and Zimbabwe.

Samuel Kariuki, Kenya Medical Research Institute (KEMRI), Kenya

Sam Kariuki is Chief Research Scientist and Head of Department, Centre for Microbiology Research at KEMRI in Nairobi and a Wellcome Trust Sanger Institute International Fellow. He is also a visiting Professor of Tropical Microbiology, Nuffield Department of Medicine, University of Oxford, UK. Dr. Kariuki’s research interests are in the epidemiology and molecular characterisation of enteric bacterial pathogens and antimicrobial resistance, including for invasive non-typhoidal salmonellosis (NTS) and typhoid fever, Shigella spp, Vibri cholerae and Escherichia coli. He has authored/co-authored over 120 papers in peer-reviewed journals and 3 text books on antimicrobial resistance and food safety.

Chery Cohen, National Institute for Communicable Diseases, South Africa

Cheryl Cohen has a background as a medical doctor with a specialisation in clinical microbiology and MSc in epidemiology. She is co-head of the Centre for Respiratory Diseases and Meningitis at the National Institute for Communicable Diseases in South Africa. In this position she works closely with the National and Provincial Department of Health to generate evidence to guide policy with regard to the control and management of infectious diseases. She led the establishment of a national surveillance programme for severe acute respiratory infections in South Africa in 2009. Simultaneously she directed the establishment of rotavirus surveillance at several sites throughout South Africa and has been intensively involved in leading the epidemiology component of a national surveillance programme for invasive bacterial infections, specifically pneumococcus, meningococcus and Haemophilus influenzae. She has also been involved in a number of studies related to describing the burden of vaccine-preventable diseases and assessments of vaccine effectiveness.
SYMPOSIUM
GLOBAL HEALTH SECURITY, PUBLIC HEALTH INSTITUTES, AND LABORATORY NETWORKS

SESSION OVERVIEW:

The Ebola epidemic in West Africa spurred a global public health response and highlighted the urgent need to establish global capacity to prevent future outbreaks from becoming epidemics. Public health institutes and laboratory networks are essential systems, that when strengthened, provide the foundation for true global health security. Public health institutes can better enable countries to generate and share knowledge, data, and evidence, track health trends, improve services and resource allocation, and prevent, detect, and respond to public health threats more effectively. However the goals and strategies of such institutes will be most effective when aligned with the laboratory. This session will discuss potential and existing roles for public health institutes and how to build upon lessons learned for effective collaboration between public health institutes and laboratory networks.

- **Developing a Public Health Institute: the Experience in Sierra Leone**
  Victor Matt-Lebby, Ministry of Health and Sanitation, Sierra Leone

- **Public Health Assets in Mozambique and Laboratory Networks**
  Eduardo Samo Gudo, National Institute of Health, Mozambique

- **The Place of the Nigeria Centers for Disease Control in West Africa**
  Chikwe Andreas Ihekweazu, Nigeria Centre for Disease Control, Nigeria

- **Impact of the Ethiopia Public Health Institute: Lessons Learned**
  Amaha Kebede, Ethiopian Public Health Institute, Ethiopia

CO-CONVENERS:

- **Isatta Wurie**, Association of Public Health Laboratories, Sierra Leone
  Isatta Wurie has a PhD in Viral Epidemiology from the University of Portsmouth in collaboration with the London School of Hygiene and Tropical Medicine and more than 10 years of experience as a Senior Laboratory consultant. Her laboratory multi-skills are in serology, molecular-PCR, viral sequencing, cellular immunology and electrophoresis. Dr. Wurie also has experience in public health laboratory systems development, establishing quality assurance structures in diagnostic medical laboratories, surveillance, infection outbreak responses, and bio-safety and bio-security policy development.

- **Jordan Tappero**, Centers for Disease Control and Prevention, United States
  Jordan Tappero, MD, MPH, is a senior advisor in the Center for Global Health at the Centers for Disease Control and Prevention. Dr. Tappero has long provided scientific leadership and oversight for global public health activities at CDC. Prior to his current role, he served as Director of the Division of Global Health Protection, leading the agency’s contribution to the transformative Global Health Security Agenda. From 2006-2008, Dr. Tappero served as CDC Country Director in Uganda, where he oversaw Global AIDS Program and President’s Malaria Initiative activities. He also spent six years as CDC Country Director in Thailand, a program with three components: Global AIDS Program, HIV/AIDS Research, and Global Disease Detection. While in Thailand, he also served as the DHHS and State Department Health Attaché for the U.S. Embassy–Bangkok.
SPEAKERS:

Victor Matt-Lebby, Ministry of Health and Sanitation, Sierra Leone

Victor Matt-Lebby, B.Sc (Hons), MD, MPH, is presently the Director of Hospital and Laboratory Services at the Ministry of Health and Sanitation in Sierra Leone. At the outbreak of Ebola Virus Disease in 2014, he worked in the frontline as a coordinator for Ebola in Sierra Leone. He has worked for over 20 years within the health sector in Sierra Leone. As National HIV/AIDS Programme Manager he has worked to mitigate the impact of HIV/AIDS, provided leadership through Cholera outbreaks, overseen operations controlling Lassa Fever, and worked to improve maternal and child health outcomes and operational research in resource constrained settings.

Amaha Kebede, Ethiopian Public Health Institute, Ethiopia

Amha Kebede is a biomedical researcher who has dedicated himself to the advancement of the public’s health. He received his PhD in Biomedical Science in 2005 from Addis Ababa University & Leiden University, The Netherlands. He got his MSc in Molecular Biology from Belgium at Free University of Brussels in 1997. His career includes 25 years at the Ethiopian Health & Nutrition Research Institute (EHNRI), where, apart from being a full time researcher, he held leadership positions as Head, Infectious & Other Diseases Research Dept, from July 2005- Nov 2006 and as Deputy Director General for Research & Technology Transfer since Nov 2006 till Nov 2011. He has been Director General since March 22, 2011.

Chikwe Andreas Ihekweazu, Nigeria Centre for Disease Control, Nigeria

Chikwe Ihekweazu is Chief Executive of the Nigeria Centre for Disease Control. Prior to this, he was the Managing Partner of EpiAfric - a health consultancy firm based in Abuja, and curator of the health policy advocacy platform: Nigeria Health Watch. Trained as an infectious disease epidemiologist, Dr. Ihekweazu has 20 years of experience working in senior public health roles and has held leadership positions at the South African National Institute for Communicable Diseases, the UK’s Health Protection Agency, and Germany’s Robert Koch Institute. Dr. Ihekweazu has also led several short-term consultancies for WHO, mainly in response to major infectious disease outbreaks.

Eduardo Samo Gudo, National Institute of Health Mozambique, Mozambique

Eduardo Samo Gudo holds a medical degree since 2003 and a PhD degree since 2012. In 2015 completed a Post Doc on Infectious Diseases through the European Foundation Initiative into Neglected Tropical Diseases. Dr Gudo is the Scientific Director of the National Institute of Health, Mozambique since 2013. Between 2010 and 2013 served as the Head of Department of Reference Laboratory Services also at National Institute of Health, Mozambique. Dr Gudo is member of the Governance Board of SLIPTA at ASLM and member of the panel of experts of WHO-AFRO for the elimination of Mother-to-child Transmission of HIV and Syphilis in the African Region.
<table>
<thead>
<tr>
<th>TIME</th>
<th>LATE BREAKER ORAL SESSION 1.1: Late Breaking News for Global Health Emergencies</th>
<th>LATE BREAKER ORAL SESSION 1.2: Maximizing Public Health Impact Through Improved Diagnostic Access and Use</th>
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<tr>
<td>15:30 – 15:35</td>
<td>Validation of the Cepheid GeneXpert for Detecting Ebola Virus in Semen</td>
<td>Field Evaluation of Point of Care Cepheid Genexpert HIV Qual for Early Infant Diagnosis</td>
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<td>15:35 – 15:40</td>
<td>Breaking the Ebola Virus Disease Chain of Transmission; the Role of Montserrado County Sectorial Surveillance System Liberia</td>
<td>Measuring the Impact and Cost of Uganda’s Specimen Hub Transport System</td>
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<td>15:40 – 15:45</td>
<td>Measles Outbreak in Eti-Osa Local Government, Lagos State, Nigeria December 2015-February 2016</td>
<td>Point-of-Care Versus Laboratory-Based Screening for Diabetes and Hypercholesterolemia Amongst People Living with HIV: Findings From a Comparative Study in Swaziland</td>
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<td>15:45 – 15:50</td>
<td>Survey of Influenza A Virus and Subtype (A/H5n1) Infection Among Poultry Workers Exposed to Infected Birds in Jos, Plateau State</td>
<td>Significantly Improved Antiretroviral Therapy Initiation Rates After the implementation of Point of Care Early Infant Diagnosis</td>
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<tr>
<td>15:50 – 15:55</td>
<td>Survey of Influenza A Virus and Subtype (A/H5n1) Infection Among Poultry Workers Exposed to Infected Birds in Jos, Plateau State</td>
<td>Rate of Viral Suppression Among HIV Patients on Antiretroviral Therapy in North Central Nigeria</td>
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<tr>
<td>15:55 – 16:00</td>
<td>Survey of Influenza A Virus and Subtype (A/H5n1) Infection Among Poultry Workers Exposed to Infected Birds in Jos, Plateau State</td>
<td>HIV Early Infant Diagnosis and Testing Turnaround Time in Malawi, 2012-2015</td>
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<tr>
<td>16:00 – 16:30</td>
<td>Question &amp; Answer</td>
<td>Question &amp; Answer</td>
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HIV LABORATORY SERVICES FOR 90/90/90: LESSONS FROM THE POPULATION-BASED HIV IMPACT ASSESSMENTS

SESSION OVERVIEW:

The population-based HIV impact assessment (PHIA) surveys are planned or underway in approximately fourteen countries affected by the HIV epidemic. Each survey will assess the current status of the epidemic through nationally representative, household surveys and will describe the reach of HIV prevention, care and treatment programs. With point-of-care HIV and CD4 cell count testing, as well as centralized HIV incidence, viral load, early infant diagnosis, HIV drug resistance and ART detection testing, the biomarker-driven outcomes include national HIV incidence among adults and HIV prevalence among children, and subnational prevalence of HIV and viral load suppression among adults. These results will allow each country to measure progress toward the 90-90-90 goals and thus will help guide programs, policies and the use of resources. The PHIA surveys offer health care strengthening strategies that can help countries to achieve 90-90-90 goals as each PHIA survey depends on high participation rates and accurate HIV testing (the first 90), the integration of lab and ART supply chain information (the second 90); and access to molecular biologic testing capacity, with strong sample transportation systems and return of viral load results to participants’ health care facility of choice (the third 90). This Roundtable session will focus on lessons learned from the PHIA surveys that apply to laboratory systems.

- **PHIA Project: An Overview**
  Jessica Justman, ICAP, United States

- **The First 90: HIV Diagnostics, QA and Confirmatory Testing in ZAMPHIA**
  Clement Ndongmo, Center for Disease Control and Prevention, Zambia

- **The Second 90: Using Lab Data to Inform ART Supply Chains**
  Catherine Mundy, Management Sciences for Health, United States

- **The Third 90: Uganda’s Approach to Sample Transportation and Return of Viral Load Results**
  Steven Aisu, Ministry Of Health, Uganda

CO-CONVENERS:

Jessica Justman, ICAP, United States

Jessica Justman is an infectious diseases specialist and public health professional with expertise in developing and strengthening HIV care and treatment programs in resource-limited settings. Dr. Justman is an associate professor of medicine in epidemiology at Columbia University and the senior technical director at ICAP. She has served as a principal investigator of population-based HIV impact assessments in Swaziland, Zambia and Tanzania and now leads ICAP’s portfolio of population-based HIV impact assessments, with plans to support surveys in approximately 14 sub-Saharan countries over the next five years. She has over two decades of experience as a leading researcher on domestic and international HIV prevention, with a focus on HIV incidence studies, clinical trials of vaginal microbicides and other investigational agents for HIV prevention.
Mah-Sere Keita, African Society for Laboratory Medicine, Mali

Mah-Sere Keita is a public health professional with 15 years of experience managing global health programmes, particularly in the fields of public health workforce development and improving the diagnosis of infectious diseases in low-resource settings. She is currently the Director of Global Health Security at the African Society for Laboratory Medicine, and has previously held leadership positions at the Catholic Relief Services -Mali, American Society for Microbiology, and Association of Schools and Programs of Public Health. Ms. Keita holds a Master’s in Public Health with a focus on infectious disease epidemiology from the Johns Hopkins Bloomberg School of Public Health.

SPEAKERS:

Clement Ndongmo, Centers for Disease Control and Prevention, Zambia

Clement B. Ndongmo, a Virologist and Epidemiologist, is currently Chief of the Laboratory Infrastructure and Support Branch at CDC-Zambia, where he has been since 2008. Prior to Zambia, he served in a similar capacity as laboratory advisor for CDC-Haiti. Before the 11 years of international career with the PEPFAR program, Dr. Ndongmo spent 3 and 2 years, respectively, at CDC in Atlanta and the University of Michigan, as research fellow. Dr. Ndongmo holds a PhD (Virology) and MPH (International Community Health) from Norway, Associate degree in Medical Laboratory Science from Nigeria, and a B.Sc. in Biological Sciences from Cameroon.

Catherine Mundy, Management Sciences for Health, United States

Catherine Mundy, the Principal Technical Advisor for Laboratory Services at Management Sciences for Health, plays a major role in laboratory strengthening at global and country levels, particularly for HIV, TB control and global health security. She has been engaged for more than 30 years in the management and reform of laboratory systems and services in resource-poor settings across sub-Saharan Africa and Asia. She has designed and implemented MSH’s Laboratory Performance Improvement Program in leadership and management in several countries, to complement and ensure long-term sustainability of efforts to assist laboratories to achieve and maintain accreditation status.

Steven Aisu, Ministry Of Health, Uganda

Steven Aisu is a Principal Medical Laboratory Technologist and is the Head of the Central Public Health Laboratories (CPhL) in the Department ofNational Disease Control in the Ministry of Health(MOH) Uganda. Trained as a Medical Laboratory Technologist specialising in Haematology/Blood Transfusion, Steven has more than 30 years of Professional experience in Health Laboratory Management, and is familiar with most aspects of Laboratory Commodities and Equipment. He has worked in the MOH in various Senior Management Positions and has gained both National and International exposure in the fields of Management of Public Health Laboratory Systems, Laboratory Biorisk Management and Health Management and Leadership. Before joining the Ministry of Health Headquarters, Steven headed the Clinical Laboratory at the Mulago National Referral Hospital in Kampala. He is currently the National SLIPTA Focal Person for ASLM.
ROUND TABLE 2

RECONSTRUCTION OF HEALTH SYSTEMS POST-EBOLA: THREE YEARS LATER

SESSION OVERVIEW:

The world’s largest Ebola outbreak began in Guinea at the end of 2013, peaked in 2014, and caused flare-ups into 2016. Sierra Leone, Guinea and Liberia were the countries most deeply affected. Many elements contributed to the outbreak’s spread including poverty, local burial customs, mistrust, and overwhelmed healthcare systems. For the Ministries of Health of these countries, the epidemic threw into stark relief the need to strengthen public health laboratory systems. The countries recovery from the outbreak displayed the resilience of its people and the opportunities to learn and support each other. It also highlighted the similarities and differences in the culture of public health institutions, healthcare human resource capacity, and the state of the healthcare infrastructure prior to the epidemic. The laboratory systems in the post Ebola world have progressed through the efforts of the Ministry of Health and donors, however many challenges remain to achieve a networked laboratory system capable of supporting a strong surveillance system, providing robust confirmation of clinical specimens and detecting and responding to outbreaks of epidemic prone diseases. This session will discuss these topics and provide a window to the state of the laboratory systems in these countries post Ebola.

- **Progress in Reconstruction of Health Systems in Guinea**
  Alpha Diallo, Association of Public Health Laboratories, United States

- **Changing Landscape of Laboratory Systems in Sierra Leone Post Ebola Crisis**
  Isatta Wurie, Association of Public Health Laboratories, Sierra Leone

- **Liberia’s Strategy to Strengthen National Health Systems and Laboratory After the Ebola Crisis**
  Stephen Kennedy, University of Liberia, Liberia

CO-CONVENCERS:

Lucy Maryogo-Robinson, Association of Public Health Laboratories, United States

Lucy Maryogo-Robinson has served as the Director of the Global Health Program at the Association of Public Health Laboratories (APHL) since 2009. In her current role she serves as the principal investigator for the APHL Cooperative Agreements with the Division of Global HIV/AIDS and TB as well as the Division of Global Health Protection at the Centers for Disease Control and Prevention (CDC). She manages a portfolio of over $20 million for the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Health Security Agenda (GHSA) to support laboratory strengthening initiatives in over 20 countries in Africa, Eastern Europe and Asia. She works to implement PEPFAR and GHSA country operational plan objectives including participating on laboratory assessments, coordinating national laboratory strategic planning initiatives, developing laboratory training and education programs, managing diverse project teams, organizing complex technical assistance visits and implementing laboratory twinning initiatives. She collaborates with the APHL Global Health Committee to further program goals and implement the association’s global health strategic plan. Lucy holds a Masters in Public Health degree in International Health Promotion from the George Washington University, in Washington DC.
Victor Matt-Lebby, Ministry of Health and Sanitation, Sierra Leone

Victor Matt-Lebby, B.Sc (Hons), MD, MPH, is presently the Director of Hospital and Laboratory Services at the Ministry of Health and Sanitation in Sierra Leone. At the outbreak of Ebola Virus Disease in 2014, he worked in the frontline as a coordinator for Ebola in Sierra Leone. He has worked for over 20 years within the health sector in Sierra Leone. As National HIV/AIDS Programme Manager he has worked to mitigate the impact of HIV/AIDS, provided leadership through Cholera outbreaks, overseen operations controlling Lassa Fever, and worked to improve maternal and child health outcomes and operational research in resource constrained settings.

SPEAKERS:

Alpha Diallo, Association of Public Health Laboratories, United States

Alpha Diallo is a founding member of ASLM and the Retired Director of the Washington DC Public Health Laboratory. Prior to his position as director he had served nine years as Deputy Director in charge of the cluster of Microbiology, Virology, Molecular Biology and Bio-Threats Laboratory, assuring certification and accreditation of the laboratory. Since 1979, his professional experiences have included public health laboratory practice in microbiology and virology, research, administration and teaching management and consulting in global health. Of late he is interested in effective integration of laboratory services in the health systems of resource-constrained countries. Dr. Diallo has been a member of teaching faculty and curriculum review of GWU-APHL Summer Institute of International Laboratory Management offered at the GWU campus, Namibia and Tanzania.

Isatta Wurie, Association of Public Health Laboratories, Sierra Leone

Isatta Wurie has a PhD in Viral Epidemiology from the University of Portsmouth in collaboration with the London School of Hygiene and Tropical Medicine and more than 10 years of experience as a Senior Laboratory consultant. Her laboratory multi-skills are in serology, molecular-PCR, viral sequencing, cellular immunology and electrophoresis. Dr. Wurie also has experience in public health laboratory systems development, establishing quality assurance structures in diagnostic medical laboratories, surveillance, infection outbreak responses, and bio-safety and bio-security policy development.

Stephen Kennedy, University of Liberia, Liberia

Stephen B. Kennedy is trained in general medicine, infectious disease biomedical research, infectious disease epidemiology and international health from Liberia, United States and Zambia. Dr. Kennedy possesses nearly two decades of experience in public health, prevention research, biomedical and clinical-based research, and clinical trials in HIV/AIDS, Malaria, Tuberculosis, and Ebola Virus Disease. Presently, Dr. Kennedy serves as Coordinator for EVD Research at Liberia’s Incident Management System of the Ministry of Health; Liberia’s PI for the EVD Vaccine Clinical Trial of the Liberia-US Joint Clinical Research Program of the Partnership for Research on Ebola Vaccines in Liberia (PREVAIL); Co-PI of a three-country EVD Vaccine Clinical Trial (PREVAC) for a multinational, pharmaceutical and most affected countries consortium; Member of the Sub-Regional Collaboration Group on EVD Vaccines and Therapeutics; and member of the Action Committee on Viral Hemorrhagic Fevers for the West Africa College of Physicians (WACP).
ROUND TABLE 3
USING VACCINE-PREVENTABLE DISEASES (VPD) SURVEILLANCE NETWORKS TO STRENGTHEN PREPAREDNESS

SESSION OVERVIEW:
Recent outbreaks such as the Ebola epidemic in West Africa and the Yellow fever outbreak in Southern Africa have highlighted the need for strong surveillance networks to combat epidemic prone diseases. Vaccine-preventable disease (VPD) surveillance networks are an important resource to strengthen preparedness, build collaborations and sustain capacity development. This is brought about through improved laboratory infrastructure, promotion of interaction between laboratorians and epidemiologists and fostering and sustaining working relationships within and between countries. In this session we will describe how vaccine-preventable disease surveillance networks have been used in the past to strengthen preparedness and propose how these networks can be further strengthened in future to enhance preparedness. We will present different perspectives including those from a global, regional and national perspective. A range of diseases will be discussed including polio, measles, pneumococcus, meningococcus, influenza and yellow fever.

• Session Introduction and Role of the Global Laboratory Network
  Miguel Mulders, World Health Organization, Switzerland

• Integration of Laboratory and Epidemiology for Preparedness
  Cheryl Cohen, National Institute for Communicable Diseases, South Africa

• The New Vaccines Surveillance Network, Global and Regional Perspectives
  Jean-Bosco Ndihokubwayo, WHO Regional Office for Africa, Republic of the Congo

• The Role of the National Laboratory in VPD Surveillance
  David Opare, Ghana College of Physicians, Ghana

• The Epidemiology of Yellow Fever Infection in Africa and a Proposal for Virus Containment
  Bridget Nanteza, Uganda Virus Research Institute, Uganda

CO-CONVENERS:

Miguel Mulders, World Health Organization, Switzerland

Miguel N. “Mick” Mulders is a national from the Netherlands. He graduated from the Agricultural University, Wageningen in molecular sciences and obtained his PhD in molecular virology from the Medical Faculty at the University of Amsterdam. He has worked throughout his career at different WHO Global and Regional Polio and Measles Laboratories, including US-CDC, National Public Health institutes of the Netherlands, Finland and Luxembourg, predominantly on the molecular epidemiology of viral infections, including poliovirus and other enteroviruses, measles, hepatitis B. He joined WHO Regional Office for Europe in 2003, as the European Measles Rubella Laboratory Coordinator where he was stationed in Copenhagen, Denmark. Since 2012 he serves as Global Coordinator Vaccine-preventable Diseases Laboratory Networks based at WHO headquarters in Geneva. He wrote or co-wrote some 70 publications in peer-reviewed journals and book chapters, and presented over 160 abstracts at scientific conferences and congresses.
1 test. 14 pathogens. All in about an hour.

A patient with meningitis needs a fast diagnosis and immediate treatment. With overlapping symptoms, this can be difficult. The new FDA-cleared and CE-marked Meningitis/Encephalitis (ME) Panel provides your lab with the right test, the first time.

Through a syndromic diagnostic approach, the ME Panel combines a broad grouping of probable pathogenic causes into a single, rapid test. In about an hour, labs get test results that can inform patient treatment, leading to reduced healthcare costs and improved outcomes.

BioFire Diagnostics FilmArray System offers unmatched ease-of-use with just two minutes of hands-on time. Training is minimal and the software guides you through the process.

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Pathogens

Bacteria
- Escherichia coli K1
- Haemophilus influenzae
- Listeria monocytogenes
- Neisseria meningitidis
- Streptococcus agalactiae
- Streptococcus pneumoniae

Fungi
- Cryptococcus neoformans/gattii

Viruses
- Cytomegalovirus (CMV)
- Enterovirus
- Herpes simplex virus 1 (HSV-1)
- Herpes simplex virus 2 (HSV-2)
- Human herpesvirus 6 (HHV-6)
- Human parechovirus
- Varicella zoster virus (VZV)

Syndromic Testing: The right test, the first time.

Respiratory • Blood Culture ID • Gastrointestinal • Meningitis
Coryn Cohen, National Institute for Communicable Diseases, South Africa

Coryn Cohen has a background as a medical doctor with a specialisation in clinical microbiology and MSc in epidemiology. She is co-head of the Centre for Respiratory Diseases and Meningitis at the National Institute for Communicable Diseases in South Africa. In this position she works closely with the National and Provincial Department of Health to generate evidence to guide policy with regard to the control and management of infectious diseases. She led the establishment of a national surveillance programme for severe acute respiratory infections in South Africa in 2009. Simultaneously she directed the establishment of rotavirus surveillance at several sites throughout South Africa and has been intensively involved in leading the epidemiology component of a national surveillance programme for invasive bacterial infections, specifically pneumococcus, meningococcus and Haemophilus influenzae. She has also been involved in a number of studies related to describing the burden of vaccine-preventable diseases and assessments of vaccine effectiveness.

SPEAKERS:

Jean-Bosco Ndihokubwayo, WHO Regional Office for Africa, Republic of the Congo

Jean-Bosco Ndihokubwayo is a Medical Doctor specialized in Clinical Pathology and Public Health. Before joining WHO in 2001, Dr. Ndihokubwayo was Dean of School of Medicine of Bujumbura, University of Burundi. In his capacity as WHO staff Member in the Regional Office for Africa, based in Brazzaville, Congo, Dr. Ndihokubwayo coordinates the laboratory programmes for their coherent contribution to the strengthening of national health laboratory capacity through setting norms and standards, including national laboratory policies and plans and the provision of support to countries to implement the WHO/AFRO Stepwise Laboratory Quality Improvement Process Towards Accreditation among others.

David Opare, Ghana College of Physicians, Ghana

David Opare (BSC, MD, MPH, MSC, DLSHTM, FGCP) is a Senior Specialist (Public Health) and a Medical Microbiologist. He is a Fellow at the Ghana College of Physicians and the WHO Focal Person for SLIPTA. He is currently the Head of the Public Health Laboratories in Ghana. The National Public Health and Reference laboratory, which is one of the Public health laboratories, is a WHO accredited laboratory for measles, rubella and Yellow fever in the Country. He supervises the provision of specialized public health diagnostic tests. His outfit serves as an integral part of the integrated disease surveillance and response by providing specialized and confirmatory diagnostic test in disease outbreaks.

Bridget Nanteza, Uganda Virus Research Institute, Uganda

Bridget Nanteza is an MB.ChB (MUK) holder with an MSc in Virology from the University of London in the United Kingdom. She is currently a research officer with the Uganda Virus Research Institute (UVRI), where she has worked in the National Expanded Programme on Immunization Laboratory since 2009. Dr. Nanteza has performed considerable work on the epidemiology, molecular determinants and threshold for drug resistance of the human immunodeficiency virus (HIV) infection in Uganda. She has also investigated the burden of vaccine associated paralytic poliomyelitis and continues to track the presence of vaccine derived polioviruses in Uganda.
THE NEW TIDAL WAVES OF NON-COMMUNICABLE DISEASES IN AFRICA: ARE THE LABORATORY SYSTEMS PREPARED?

**DATE:** Wednesday, 7 December

**TIME:** 09:00 – 10:30

**LOCATION:** Auditorium 1

**SESSION CO-CHAIRS:** Souleymane Mboup, Cheikh Anta Diop University, Senegal
Lucy Maryogo-Robinson, Association of American Public Health Laboratories (APHL), United States

**SPEAKERS**

**Justine Davies,** Editor in Chief, The Lancet Diabetes & Endocrinology, United Kingdom

**Emerging Trends of Non-Communicable Disease Threats in Africa and the Role of Laboratory Medicine**

Justine Davies is Editor-in-Chief of The Lancet specialty journal, Diabetes and Endocrinology, and a Visiting Professor in Global Health at Kings College London, UK. Her main interest is in diabetes, its interactions with other conditions, and its socio-economic consequences in Lower and Middle Income countries – especially sub-Saharan Africa. She is also interested in improving data collection for both clinical care and health system planning. Dr. Davies has worked on The Lancet Commissions on Global Surgery and Women and Health and is currently working on The Lancet Diabetes & Endocrinology Commission on Diabetes in sub-Saharan Africa. She has also previously practiced as a medical cardiologist and worked as a scientific advisor to the BBC. Dr. Davies holds degrees in Forensic Medicine and Medical Law, Medicine, and Zoology; an MD in Clinical Pharmacology; and a violin performance diploma. She will be working at Wits University, SA, in 2017.
Blair Holladay, Chief Executive Officer, American Society for Clinical Pathology, United States

Developing Cancer and Pathology Capacity in Africa

Holladay serves as ASCP’s Chief Executive Officer. At ASCP, he has focused on strategic partnerships in laboratory medicine, international outreach, and health services research and delivery. During his tenure, ASCP has been funded for over 40 million dollars to support patient-centered care. His scientific research work focuses in the areas of cytopathology and molecular research which he’s been funded as a Principal Investigator for 50 scientific research grants and 100 scientific corporate contracts. Dr. Holladay has also published a number of significant research articles within the profession and is the primary author of several textbooks that are international best sellers. Before coming to ASCP, Dr. Holladay served as Chief Director for the Medical University of South Carolina’s (MUSC) Center for Cytopathology and Molecular Diagnostics.

Wafaa El-Sadr, Professor of Epidemiology and Medicine, Columbia University, United States

Rising Tides Lift All Ships: Lessons from HIV/AIDS Laboratory Systems for NCD in Africa

Wafaa El-Sadr is University Professor of Epidemiology and Medicine and Mathilde Krim-amfAR Professor of Global Health at Columbia’s Mailman School of Public Health and College of Physicians and Surgeons. She received her medical degree from Cairo University, a masters in public health from Columbia School of Public Health and a masters in public administration from Harvard University’s Kennedy School of Government. She was named as McArthur fellow and is a member of the National Academy of Medicine. She has worked closely with US government agencies, international organizations, academic institutions, community-based organizations and civil society groups in the pursuit of responsive, inclusive, sustainable and innovative approaches to addressing global health threats and achieving public health impact. Dr. El-Sadr’s academic interests are diverse and include research, education, training and mentorship. She is also a recognized researcher in the areas of prevention and management of HIV and tuberculosis as well as in implementation research.
### ORAL SESSION 2

#### ORAL SESSION 2.1: Emerging Epidemics of Silent Killers in Africa

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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>11:00</td>
<td>Comparison Between Hemocue Glucose Meters in Use at the Nairobi Hospital Wards and the Central Laboratory Auto Analyzer</td>
<td>F.K. Ndungu</td>
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<tr>
<td>11:20</td>
<td>Comparison of Fructosamine and Glycated Haemoglobin (HbA1c) Results In Diabetic Patients at Inkosi Albert Luthuli Academic Hospital (IALCH)</td>
<td>A. Reddy, V. Gounden</td>
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<td>11:30</td>
<td>Question &amp; Answer</td>
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<tr>
<td>11:45</td>
<td>Prevalence of Diabetes and Abnormal Glucose Tolerance in Subjects with Tuberculosis in a South African Urban Center</td>
<td>J. George, V. Mchetula, S. Nagel, N. Crowther</td>
</tr>
<tr>
<td>12:05</td>
<td>Comparison of Creatinine Clearance in HIV/AIDS Patients on Tenofovir and Two Non-Tenofovir- Based NRTIs After One Year of Therapy</td>
<td>F. Chibala, S. Nyirenzi, N. Banda, A. Mweemba</td>
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<tr>
<td>12:15</td>
<td>Question &amp; Answer</td>
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#### ORAL SESSION 2.2: Novel Approaches in Cancer Diagnostics and Surveillance

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>11:00</td>
<td>Cervical Cytological Patterns Among HIV-infected Women on Antiretroviral Therapy at Kenyatta National Hospital</td>
<td>M.A. Odhiambo</td>
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<tr>
<td>11:10</td>
<td>Comparison of CareHPV and Hybrid Capture 2 Test in a Population of HIV-1 Infected African Women</td>
<td>M.P. Mahlangu</td>
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<tr>
<td>11:20</td>
<td>Proteins as Novel Biomarkers in Breast Cancer Detection</td>
<td>A.O. Oluayo</td>
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<td>11:30</td>
<td>Question &amp; Answer</td>
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<tr>
<td>11:45</td>
<td>Monitoring CML in South Africa: Lessons Learnt</td>
<td>P. Willem, N. Bouwer, A. De Klerk, M. Moodley, J. Brown, D. Schnugh</td>
</tr>
<tr>
<td>11:55</td>
<td>The Role of Anatomic Pathology in Improving Health Care in Sub Saharan Africa</td>
<td>J. Guarner, M. Wilson</td>
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<tr>
<td>12:05</td>
<td>Mycobacterium Speciation from Formalin-Fixed Paraffin Embedded Tissue Blocks</td>
<td>M. McCabe, S. Ndloko, Y. Ferver, M. Hale, R. Magobo</td>
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<td>12:15</td>
<td>Question &amp; Answer</td>
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#### ORAL SESSION 2.3: Solutions in the Fight Against Neglected Tropical Disease

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<thead>
<tr>
<th>Time</th>
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<th>Presenters</th>
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<tbody>
<tr>
<td>11:00</td>
<td>The First Evidence for Possible Interruption of Onchocerciasis Transmission in Metema Area Focus, North Gonder, Ethiopia</td>
<td>S.M. Feleke</td>
</tr>
<tr>
<td>11:10</td>
<td>A Survey of Schistosomiasis in Selected Schools in the Muea and Likomba Health Areas, South West Region, Cameroon</td>
<td>A.F. Ako</td>
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<tr>
<td>11:20</td>
<td>Visceral Leishmaniasis in Selected Communities of Hamer and Benna-Tsemai Districts in South West Ethiopia; Sero-Epidemiological and Leishmanin Skin Test Survey</td>
<td>F.B. Tolossa</td>
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<td>11:30</td>
<td>Question &amp; Answer</td>
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<tr>
<td>12:05</td>
<td>The First Successful Confirmed Elimination of an Onchocerciasis Focus in Africa: Abu Hamed, Sudan</td>
<td>I. Zarroug</td>
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<td>12:15</td>
<td>Question &amp; Answer</td>
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### ORAL SESSION 2.4: Surveillance and Outbreaks: Containment of a Plague

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<th>Time</th>
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<tr>
<td>11:00 – 11:10</td>
<td>Building Capacity for Yellow Fever Diagnostics in Angola, 2016</td>
<td>J.T. Kayiwa</td>
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<td>11:20 – 11:30</td>
<td>Using a Point of Care Platforms to Minimise Downtime for Viral Haemorrhagic Fever (VHF) Testing at an Academic Laboratory in Johannesburg, South Africa</td>
<td>S. Moodly, N. Cassim</td>
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<tr>
<td>11:30 – 11:45</td>
<td>Question &amp; Answer</td>
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<tr>
<td>12:05 – 12:15</td>
<td>Epidemiological Pattern of Measles Case-Based Surveillance Data; Oyo State, Nigeria, 2008-2014</td>
<td>M.O. Anyanwu, A. Akinyode, G. Abass</td>
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<tr>
<td>12:15 – 12:30</td>
<td>Question &amp; Answer</td>
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[www.clsi.org](http://www.clsi.org)
## ORAL POSTERS 2.1: Epidemiology and Detection of Chronic Diseases in Africa

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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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</thead>
<tbody>
<tr>
<td>12:50 – 13:00</td>
<td>Metabolic Syndrome and Associated Factors Among Outpatients of Jimma University Teaching Hospital</td>
<td>W. Cheneke, E. Abda, L. Hamza, F. Tesema</td>
</tr>
<tr>
<td>13:00 – 13:10</td>
<td>Prevalence and Pattern of Hypertension and Obesity in Ogun State, Nigeria, August 2015</td>
<td>H.A. Yusuff, P. Nguku, Q. Yusuff, O. Akinwande, S. Balogun</td>
</tr>
<tr>
<td>13:10 – 13:20</td>
<td>The Prevalence of Diabetes in the Rural Kenyan Community is Not Known</td>
<td>J.N. Mwangi</td>
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## ORAL POSTERS 2.2: Special Issues in Non-communicable Diseases

<table>
<thead>
<tr>
<th>Time</th>
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<th>Authors</th>
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</thead>
<tbody>
<tr>
<td>12:30 – 12:40</td>
<td>Neonatal Haemolytic Anaemia- a Diagnostic Challenge</td>
<td>L. Swart, K. Naidoo, E. Schapkaitz, T. Coetzer, J. Poole</td>
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<tr>
<td>12:40 – 12:50</td>
<td>The Validity of HLA Antibody Testing in Designing Immunological Risk Stratification Strategies for Patients Awaiting Transplantation in Johannesburg, South Africa</td>
<td>C.M. Worsley, E.S. Mayne</td>
</tr>
<tr>
<td>12:50 – 13:00</td>
<td>The Clinical Utility of the Automated Fragmented Red Cell Count for Monitoring Patients with Thrombotic Thrombocytopenic Purpura</td>
<td>E. Schapkaitz, M.H. Miezgebe</td>
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<tr>
<td>13:20 – 13:30</td>
<td>Comparing the Glucose Metabolism Derangement in Human Immunodeficiency Virus Infection Patients on Antiretroviral Treatment With Drug Naive Patients at Lagos State University Teaching Hospital</td>
<td>B.C. Basil, A. Dosunmu, I. Oluwajiri-Bello</td>
</tr>
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POSTER 2
NON-COMMUNICABLE DISEASES AND NEGLECTED TROPICAL DISEASES

POSTER NUMBERS:

NCD and NTD Posters
>> Posters 291 - 328 will be shown in Ballroom East/West Foyer

Late Breaker Global Health Security Posters
>> Posters 219 - 290 will be shown in Jasminum

DATE: Wednesday, 7 December
TIME: 12:30 – 13:30
LOCATION: Jasminum, Ballroom East/West Foyer

Please refer to the Poster Directory in the back of the Conference Programme for poster numbers and titles.

Complete poster information can be viewed in the online Abstract Book at www.aslm2016.org

POLICY TO PRACTICE: IMPROVING DISEASE DETECTION AND RESPONSE

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Special Session 2

NON-COMMUNICABLE DISEASES AND LABORATORY MEDICINE IN AFRICA

DATE: Wednesday, 7 December
TIME: 13:30 – 15:00
LOCATION: Auditorium 1

SESSION OVERVIEW:

Over the next 10 years, WHO estimates that deaths from non-communicable diseases (NCDs) will rise by 27% in the African Region, and are expected to become the leading cause of death in the region by 2030. Deaths from cancer alone have surpassed the combined number of deaths from HIV/AIDS, malaria, and tuberculosis worldwide. By 2030, new cases of cancer and deaths from the disease are expected to double in the African region. Despite the increased prevalence of NCDs such as cancer, diabetes, chronic respiratory disease and cardiovascular disease throughout Africa, there are inadequate systems and resources for detection, care and surveillance of these diseases. This session will bring together some of the world’s top experts to discuss how we can work together to harness existing laboratory systems and build further capacity with economically viable solutions to improve NCD detection and surveillance in Africa.

MODERATOR:

Justine Davies, Editor in Chief, The Lancet Diabetes and Endocrinology, United Kingdom

Justine Davies is Editor-in-Chief of The Lancet specialty journal, Diabetes and Endocrinology, and a Visiting Professor in Global Health at Kings College London, UK. Her main interest is in diabetes, its interactions with other conditions, and its socio-economic consequences in Lower and Middle Income countries – especially sub-Saharan Africa. She is also interested in improving data collection for both clinical care and health system planning. Dr. Davies has worked on The Lancet Commissions on Global Surgery and Women and Health and is currently working on The Lancet Diabetes & Endocrinology Commission on Diabetes in sub-Saharan Africa. She has also previously practiced as a medical cardiologist and worked as a scientific advisor to the BBC. Dr. Davies holds degrees in Forensic Medicine and Medical Law, Medicine, and Zoology; an MD in Clinical Pharmacology; and a violin performance diploma. She will be working at Wits University, SA, in 2017.

PANELISTS:

Wafaa El-Sadr, Professor of Epidemiology and Medicine, Columbia University, United States

Utilizing HIV/AIDS Laboratory Systems for Non-Communicable Disease in Africa

Wafaa El-Sadr is University Professor of Epidemiology and Medicine and Mathilde Krim-amfAR Professor of Global Health at Columbia’s Mailman School of Public Health and College of Physicians and Surgeons. She received her medical degree from Cairo University, a masters in public health from Columbia School of Public Health and a masters in public administration from Harvard University’s Kennedy School of Government. She was named as McArthur fellow and is a member of the National Academy of Medicine. She has worked closely with US government agencies, international organizations, academic institutions, community-based organizations and civil society groups in the pursuit of responsive, inclusive, sustainable and innovative approaches to addressing global health threats and achieving public health impact. Dr. El-Sadr’s academic interests are diverse and include research, education, training and mentorship. She is also a recognized researcher in the areas of prevention and management of HIV and tuberculosis as well as in implementation research.
Oyewale Tomori, President, Nigerian Academy of Science, Nigeria

Right Partnerships to Address Non-Communicable – Infectious Diseases Interface

Oyewale Tomori is the President of the Nigerian Academy of Science with experience in virology, disease prevention and control. He retired from the University of Ibadan in 1994, as a Professor of Virology, and later served as the pioneer Vice Chancellor of the Redeemer’s University in Nigeria from 2004-2011. From 1994-2004, he was the Virologist for the WHO Africa Region, establishing the African Regional Polio Laboratory Network. Dr. Tomori has appreciable knowledge of arbovirus and viral hemorrhagic fever infections: Lassa Fever, Yellow Fever, and Viral Disease. In 1981, he was recognized by the US CDC for contribution to Lassa Fever research. In 2002, he received the Nigerian National Order of Merit, (NNOM), the country’s highest award for academic and intellectual attainment and national development. Dr. Tomori has served/continues to serve on numerous advisory committees, including: WHO Africa Regional Polio Certification Committee, WHO Group of Experts on Yellow Fever Disease, Chairman WHO Yellow Fever Emergency Committee on International Health Regulations (IHR) and World Bank Working Group on Financing Preparedness and Response. He is an international member of the US National Academy of Medicine. He holds the DVM and PhD degrees and has >140 publications in the areas of his expertise.

Blair Holladay, Chief Executive Officer, American Society for Clinical Pathology, United States

Strengthening Pathology Capacity in Africa – ASCP’s Vision

Dr. Holladay serves as ASCP’s Chief Executive Officer. At ASCP, he has focused on strategic partnerships in laboratory medicine, international outreach, and health services research and delivery. During his tenure, ASCP has been funded for over 40 million dollars to support patient-centered care. His scientific research work focuses in the areas of cytopathology and molecular research which he’s been funded as a Principal Investigator for 50 scientific research grants and 100 scientific corporate contracts. Dr. Holladay has also published a number of significant research articles within the profession and is the primary author of several textbooks that are international best sellers. Before coming to ASCP, Dr. Holladay served as Chief Director for the Medical University of South Carolina’s (MUSC) Center for Cytopathology and Molecular Diagnostics.

Sujha Subramanian, Fellow in Health Economist and Policy Research, RTI International, United States

Economics of Cancer Screening in Africa

Sujha Subramanian is a Fellow in Health Economist and Policy Research at RTI International and also a Senior Visiting Scientist with the World Health Organization’s International Agency for Research on Cancer (WHO-IARC). Dr. Subramanian has extensive experience performing program implementation, economic evaluations and technology assessments. She has also developed costing methodologies, created microsimulation cost-effectiveness models and produced resource allocation tools. Over the past 15 years she has directed several program evaluations in the US and internationally, including the assessment of breast, cervical, oral and colorectal cancer screening programs. She is currently working with the US Centers for Disease Control and Prevention to determine the resource needs and cost efficiencies related to initiating, expanding and enhancing cancer and cardiovascular registries in the limited resource setting. In collaboration with the WHO-IARC, she is assessing the implementation of visual inspection, HPV screening and HPV vaccination for prevention of cervical cancer; clinical breast examination for early detection of breast cancers; and visual inspection for early diagnosis of oral cancers. Dr. Subramanian is currently working with multiple partners in East Africa to advance non-communicable disease prevention and recently chaired a symposium to develop the implementation science research agenda to address the growing burden from non-communicable diseases in the region.

Stefan Wiktor, Public Health Physician, World Health Organization, Switzerland

Stefan Wiktor is a public-health physician with more than twenty-five years of experience in epidemiologic research and implementation of public-health programs. Until September 2016, Dr. Wiktor was the Team Lead of the World Health Organization’s Global Hepatitis Programme in Geneva, Switzerland; which works with WHO Regional and country officials to promote the implementation of comprehensive viral hepatitis prevention and control programs. While working for the U.S. Centers for Disease Control and Prevention (CDC), he conducted research studies of HIV-1 and HIV-2 epidemiology in West Africa and led the implementation of a large-scale HIV/AIDS prevention and treatment program in Tanzania.
SYMPOSIUM 3
SLEEPING GIANTS WAKING:
VIRAL HEPATITIS AND CANCERS IN AFRICA:
EPIDEMIOLOGY, DIAGNOSTIC, AND MANAGEMENT

SESSION OVERVIEW:
Hepatitis is increasingly recognized as a major cause of mortality and morbidity, accounting for an estimated 1.45 million deaths/year. Africa is heavily affected, especially by hepatitis B infection. In some countries, particularly in West Africa, the prevalence of chronic hepatitis B infection in the general population exceeds 10%. This session aims to: Provide an overview of the epidemiologic patterns and natural history of hepatitis infection with a focus on interventions to prevent and treat chronic hepatitis B and C infections. Describe the approaches for the laboratory diagnosis of hepatitis infection with a focus on the technical challenges specific to resource-limited settings. Present an overview of the status of point-of-care testing and other simplified approaches to diagnose hepatitis infection, particularly for hard-to-reach populations and in resource-limited settings. Discuss the approaches to clinical management and treatment of hepatitis infection in Africa.

• What Will it Take to Eliminate Hepatitis Infection?
  Stefan Wiktor, World Health Organization, Switzerland

• Laboratory Tools for the Diagnostic and Management of Viral Hepatitis: Update and Situation in Africa
  Anna Kramvis, Hepatitis Virus Diversity Research Unit, University of the Witwatersrand, South Africa

• Point of Care Tests for the Diagnostic and Management of Viral Hepatitis: Update and Situation in Africa
  Edouard Tuaillon, Université de Montpellier, France

• Care and Treatment of Hepatitis B and C Infections in Africa
  Funmilayo Lesi, University of Lagos and Lagos University Teaching Hospital, Nigeria

CO-CONVENERS:
Stefan Wiktor, World Health Organization, Switzerland

Stefan Wiktor is a public-health physician with more than twenty-five years of experience in epidemiologic research and implementation of public-health programs. Until September 2016, Dr. Wiktor was the Team Lead of the World Health Organization’s Global Hepatitis Programme in Geneva, Switzerland; which works with WHO Regional and country officials to promote the implementation of comprehensive viral hepatitis prevention and control programs. While working for the U.S. Centers for Disease Control and Prevention (CDC), he conducted research studies of HIV-1 and HIV-2 epidemiology in West Africa and led the implementation of a large-scale HIV/AIDS prevention and treatment program in Tanzania.

Richard Njouom, Institut Pasteur Cameroon, Cameroon

Richard Njouom has a PhD and a Habilitation to Direct Research (HDR) in Virology at the University of Toulouse III in France. He is now the Head of the Virology Department at the Centre Pasteur of Cameroon. Dr. Njouom’s research focused on molecular epidemiology of viral hepatitis and also respiratory viruses in Central Africa. He has published more than 60 peer-reviewed papers, one book and has given more than 50 scientific presentations in international meetings. Dr Njouom is member of the WHO GDG for the diagnostic of Viral Hepatitis and also a member of the WHO Pandemic Influenza Preparedness (PIP) Advisory Group.
SPEAKERS:

Anna Kramvis, University of the Witwatersrand, South Africa

Professor Anna Kramvis is a Research Professor and Director the Hepatitis Virus Diversity Research Unit (HVDRU), University of the Witwatersrand, South Africa. She is a Fellow of the Academy of Science of South Africa and an Honorary Research Associate of the Victorian Infectious Diseases Reference Laboratory in Melbourne, Australia. Her research involves the molecular virology of the hepatitis B virus (HBV), focusing on uniquely African strains. No infectious disease research in Africa can neglect the AIDS pandemic scourging our continent, thus her team studies HBV/HIV co-infection. She has published extensively in international journals and has established ongoing, national and international collaborative networks.

Edouard Tuaillon, Université de Montpellier, France

Edouard Tuaillon is an associate professor of Medicine and a specialist of virology and infectious diseases at the University Hospital of Montpellier in the South of France. He completed his medical studies (Microbiology and Infectious Diseases) in France in Besançon, Rouen and Montpellier. His academic research focuses on both lymphocyte exploration and diagnosis and therapeutic monitoring of chronic infections. Notably, he has developed and implemented HIV, HBV and HCV screening approaches for hard-to-reach populations using dried blood spots (DBS). Dr. Tuaillon also coordinates a research team dedicated to diagnostic innovation in the U1058 Inserm laboratory named “Pathogenesis and control of chronic infections”. His laboratory is associated with the Murrax Center in Burkina Faso and considers North-South partnerships a priority. Edouard Tuaillon is a member of the viral quantification and viral hepatitis groups of the French Research Agency ANRS, which focuses on multicentre evaluation of diagnostic strategies in Africa and Asia.

Funmilayo Lesi, University of Lagos and Lagos University Teaching Hospital, Nigeria

Olufunmilayo Lesi is a Gastroenterologist and Professor of Medicine at the College of Medicine, University of Lagos, Nigeria. She is currently the Head of GI and Liver Unit at the Lagos University Teaching Hospital and coordinates the liver disease clinic and patient care in hepatology and Gastroenterology. Dr. Lesi has significant clinical and research experience and has been actively involved in hepatitis and liver cancer research (including the Gambia Hepatitis Intervention Study by WHO/IARC in the Gambia, West Africa). She has served as a Co-Chairman, of the World Health Organization (WHO) Hepatitis B Guidelines and development committee, Geneva, Switzerland and contributed to the preparation of the WHO Guidelines for the prevention, care and treatment of persons with both chronic hepatitis B and C infection. In addition, she is a member of the Federal Government of Nigeria Technical Working group on Hepatitis control and is passionate about hepatitis advocacy to advance early identification and management of viral hepatitis and liver disease in Nigeria.
STRENGTHENING SYSTEMS FOR PATHOLOGY IN AFRICA: LEAPFROGGING TO MEET THE NEEDS

SESSION OVERVIEW:

Cancer is emerging as a leading cause of death in sub-Saharan Africa, but rolling out cancer treatment in global health settings has been seen as costly, challenging and nearly impossible. However, early detection of cancer may open the door to more affordable and effective treatments that will help overcome global healthcare disparities related to cancer. The key to early detection lies in providing local physicians access to a system that ensures rapid, accurate, and reliable pathology for primary diagnosis of cancer. The American Society of Clinical Pathology (ASCP), in partnership with the White House Office of Science Technology Policy and the Clinton Global Initiative, recently launched a 26.5 million dollar multi-year initiative to deploy full service pathology infrastructure for eligible countries to strategically to meet their population needs. Working in parallel and together, Steering Committees for Diagnostics and Technology, Care and Treatment, In-Country Medical Education, Bioethics, and Monitoring & Evaluation have focused on each potential country to optimize success. The optimal solution includes the deployment of automated histopathology systems and integrated whole slide imaging systems linked through a customized laboratory information system to a dedicated team of pathologists from the United States. This long-term project will roll out to 10 or more countries in Africa as well as Haiti. An overview of the project will be presented as well as experiences data from countries launched to date.

• **Strategies to Strengthen and Sustain Pathology Globally**
  - **John Flanigan**, National Institutes of Health, United States

• **Cancer Registries and Economics of Cancer Screening**
  - **Florence Tangka**, Centers for Disease Control and Prevention, United States

• **Pathology Implementation Approaches in LMICs for Maximum Impact**
  - **Daniel Milner**, American Society for Clinical Pathology, United States

CO-CONVENERS:

**Blair Holladay**, American Society for Clinical Pathology, United States

Holladay serves as ASCP’s Chief Executive Officer. At ASCP, he has focused on strategic partnerships in laboratory medicine, international outreach, and health services research and delivery. During his tenure, ASCP has been funded for over 40 million dollars to support patient-centered care. His scientific research work focuses in the areas of cytopathology and molecular research which he’s been funded as a Principal Investigator for 50 scientific research grants and 100 scientific corporate contracts. Dr. Holladay has also published a number of significant research articles within the profession and is the primary author of several textbooks that are international best sellers. Before coming to ASCP, Dr. Holladay served as Chief Director for the Medical University of South Carolina’s (MUSC) Center for Cytopathology and Molecular Diagnostics.

**Doreen Ramogola-Masire**, Botswana-UPenn Partnership, Botswana

Ramogola-Masire trained in Obstetrics and Gynecology in the United Kingdom prior to pursing subspecialties in Perinatal Medicine and Cervical Cancer Prevention in the Republic of South Africa at the University of Cape Town. Her experience with the “See and Treat” approach has been instrumental for the success of the implementation of this program for diagnosis and treatment of pre-cervical cancer lesions in HIV-infected women in Botswana. Her training in Perinatal Medicine has made her a key participant in issues of HIV infected pregnant women. She was recently nominated to serve in the technical working group for piloting universal ART for pregnant women in Botswana. She was appointed as the In-Country Director of the Botswana-UPenn Partnership in January 2009, and has worked closely with Dr. Friedman on recruiting outstanding faculty, nurses, office staff and auxiliary personnel to the Botswana-UPenn Partnership. She is the Country Director and Lead Physician, Women’s Health Program.
SPEAKERS:

John Flanigan, National Institutes of Health, United States

John Flanigan is Senior Advisor for Non-Communicable Diseases at the Center for Global Health, National Cancer Institute, National Institutes of Health, USA. Reflecting long experience in clinical care delivery, he supports practical interventions to improve cancer diagnosis in resource limited settings. He participated on advisories on the Global NCD Action Plan and now concentrates on focusing research to deliver evidence for the NCD Action Plan implementation. Dr. Flanigan received a M.D. from the University of Maryland and trained in Internal Medicine at Cleveland Metrohealth/Case Western Reserve. After a decade of clinical practice in a rural hospital, he was able to spend four years traveling internationally developing an interest in resource appropriate healthcare delivery. His experience includes fourteen years practicing emergency medicine at the University of Maryland, School of Medicine promoting the integration of emergency care, inpatient acute care and outpatient chronic disease management for an urban population.

Florence Tangka, Centers for Disease Control and Prevention, United States

Florence Tangka, PhD, MS, is a health economist in the Division of Cancer Prevention and Control’s Epidemiology and Applied Research Branch, at the Centers for Disease Control and Prevention (CDC). She is the principal investigator for a number of CDC cancer economics studies. Her research focuses on the economics of cancer, economics of the cancer registration, economics of CDC’s Colorectal Cancer Control Program, and use of cancer screening services. Dr. Tangka received a Bachelor of Science from the University of Reading in the United Kingdom and a Masters from Rutgers. In 2008, she received an alumni award from Rutgers, The State University of New Jersey. She received her doctoral degree from the University of Florida and completed a two-year postdoctoral fellowship in Prevention Effectiveness at CDC. Dr. Tangka is a lead author of a book, monograph (guest editor) and several book chapters and has authored and co-authored over 50 publications in peer-reviewed journals.

Daniel Milner, American Society for Clinical Pathology, United States

Dan Milner, MD, MSc, Chief Medical Officer, ASCP: Dr. Milner completed his MD in 2000 and his residency/fellowship in 2005. Before joining ASCP, Dr. Milner spent 10 years at Harvard where he taught pathology, microbiology, and infectious disease; was the primary lead for infectious disease consultations in AP/CP; and was the recipient of numerous research grants in the areas of malaria and HIV. Dr. Milner began working in Africa in 1997 and has built an international reputation as an expert in malaria. He has been heavily involved in pathology capacity building in many countries and, most notably, lead the team that built an anatomic pathology laboratory in Rwanda and Haiti for advance cancer diagnostics.
<table>
<thead>
<tr>
<th>LATE BREAKER ORAL SESSIONS</th>
<th>Room 2.4</th>
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<tbody>
<tr>
<td><strong>LATE BREAKER ORAL SESSION 2.1: Partnerships in Achieving Global Health Security</strong></td>
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<tr>
<td><strong>DATE:</strong> Wednesday, 7 December</td>
<td><strong>TIME:</strong> 15:30 – 16:30</td>
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<tr>
<td><strong>15:30 – 15:35</strong></td>
<td><strong>Progress Toward Prevention of Transfusion-Transmitted Hepatitis B and Hepatitis C Infection—Haiti, 2005—2014</strong></td>
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<td></td>
<td>A.E. Jean Baptiste, M. Chevalier, E. Polo, E. Noel, E. Hullan, W.R. Archer</td>
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<tr>
<td><strong>15:35 – 15:40</strong></td>
<td><strong>Expanding Viral Load through Partnerships: Performance Evaluation of Cepheid GeneXpert HIV-1 Viral Load Assay in Botswana</strong></td>
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<tr>
<td><strong>15:40 – 15:45</strong></td>
<td><strong>Use of a Centralized Laboratory Data Repository to Monitor the 2016 Scale-Up of the National HIV Viral Load (HVL) Program in Tanzania</strong></td>
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<tr>
<td><strong>15:45 – 15:50</strong></td>
<td><strong>Implementation of a New Quality Assurance Program for HIV Rapid Tests in Cambodia</strong></td>
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<td>C. Mom, A. Ramos, U. Huot, K. Soch, P. Sok, E. Sarin, S. Ny, S. Thith, S. Theang</td>
</tr>
<tr>
<td><strong>15:50 – 15:55</strong></td>
<td><strong>Improving the Quality of Laboratory Services in Uganda Through SLMTA Implementation</strong></td>
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<td>S. Bulime, F. Ocen, P. Kakeeto, P. Etam, H. Alima, A. Muhwezi, G. Tugume</td>
</tr>
<tr>
<td><strong>15:55 – 16:00</strong></td>
<td><strong>Laboratory Mentoring Using the SLIPTA Process Results in First Ever ISO-15189 Accredited Medical Laboratory in Central Africa: The Case of the National Early Infant Diagnosis Reference Laboratory (NEIDRL) Mutengene, Cameroon</strong></td>
</tr>
<tr>
<td><strong>16:00 – 16:30</strong></td>
<td><strong>Question &amp; Answer</strong></td>
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# Round Table 4

## Diagnostics for the Future - Integrated Management of Non-Communicable Diseases and Infectious Diseases

### Session Overview:

The increasing burdens of Non-Communicable Diseases (NCDs) threaten the health and development of many countries both rich and poor, thereby creating market incentives for the development of effective diagnostics. NCDs are further worsened by differences in epidemiological context, including complex interactions with certain infectious diseases and maternal and child conditions. Factors such as cost, required sophisticated infrastructure, and highly trained health workers make most existing technologies unsuitable and not accessible in resource limited settings. There is a growing need for low cost non-invasive methods to develop diagnostics bundles that can be used to guide effective integrated management both NCDs and infectious diseases, especially in resource limited settings. The objectives of this Round Table are: i) to explore the convergence of NCDs and infectious diseases and potential diagnostic bundles that may improve patient management and health outcomes; ii) to determine how laboratory and Point-of-Care (POC) test results may be linked in connectivity-enabled systems to ensure quality assurance, supply chain management and effective linkage to care and treatment.

### Presentations:

- **The Double Dividend: UNICEF’s Approach to Improving Maternal and Child Health**
  - Chewe Luo, UNICEF, United States

- **The Converging Epidemics of Non-Communicable Diseases and Infectious Diseases**
  - Nasheeta Peer, University of Cape Town, South Africa

- **Leveraging HIV Programmes to Improve Family Health**
  - Susan Allen, Rwanda Zambia HIV Research Group, United States

- **Unlocking the Potential of Connectivity for Integrated Management and Linkage to Care**
  - Ben Cheng, International Diagnostics Centre, London School of Hygiene & Tropical Medicine, United Kingdom

- **ASLM Rapid Testing Roadshow**
  - Tom Chiller, Centers for Disease Control and Prevention, United States

### Co-Conveners:

- **Rosanna Peeling**, London School of Hygiene and Tropical Medicine, United Kingdom

Rosanna Peeling is Professor and Chair of Diagnostics Research at the London School of Hygiene and Tropical Medicine (LSHTM) and Director of the International Diagnostics Centre. Trained as a medical microbiologist, she previously served as the research coordinator and head of diagnostics research at the UNICEF/UNDP/World Bank/WHO Special Programme on Research and Training in Tropical Diseases (WHO/TDR) in Geneva, Switzerland, and the Chief of the Canadian National Laboratory for Sexually Transmitted Diseases. Since 2011, she has been funded by the Bill & Melinda Gates Foundation, Grand Challenges Canada and UNITAID to develop mechanisms for streamlining and accelerating the regulatory oversight of quality-assured diagnostics using harmonized approaches. The Pan-African Harmonization Working Party and the Latin America in-vitro Diagnostic Alliance were established as part of this initiative. These regional working groups will work closely with WHO and technical partners in countries to facilitate the implementation of quality assurance strategies to accelerate the uptake of new diagnostic technologies to improve health outcomes.
SPEAKERS:

**Nasheeta Peer**, University of Cape Town, South Africa

Nasheeta Peer is a medical doctor currently employed as a Specialist Scientist in the Non-communicable Diseases Research Unit at the South African Medical Research Council. She has been involved with numerous research projects related to non-communicable diseases with a particular interest in cardiovascular disease and diabetes epidemiology, and health systems research. She has over two dozen scientific publications in peer-reviewed journals, the majority of which she has first authored. Dr. Peer is an Honorary Research Associate at the University of Cape Town and is involved in capacity development where she mentors masters and PhD students, both locally and internationally.

**Chewe Luo**, UNICEF, United States

Chewe Luo, MD, PhD, FRCP is a pediatrician and tropical child health specialist. She is currently Associate Director and Chief of the HIV/AIDS Section in the Programme Division of UNICEF headquarters. Previously, she was technical team leader for children and AIDS country programme scale-up and Senior Programme Adviser on HIV and Maternal Child Health. She has nearly 20 years of experience in HIV and AIDS and child health as a clinician and researcher at the University Teaching hospital in Zambia; clinician in the UK and working with UNICEF at country, regional and headquarter levels. Chewe, a Zambian national, has a Masters of Medicine in Paediatrics from the University of Zambia, School of Medicine, a Masters in Tropical Pediatrics and a PhD from Liverpool School of Tropical Medicine, Liverpool University, School of Medicine, in the UK. Chewe is a fellow of the Royal College of Physicians, Edinburgh, Scotland.

**Susan Allen**, Rwanda Zambia HIV Research Group, United States

Susan Allen is currently a Professor of Pathology and Laboratory Medicine at Emory University School of Medicine in Atlanta, GA. She also serves as a Professor within the Rollins School of Public Health at Emory University and is the Director for the Rwanda Zambia HIV Research Group. Dr. Allen has been working with HIV in Africa since the recognition of the epidemic on the continent in 1985. She received both a BA in Chemistry and an MD from Duke University. During medical school, she also received a DTM&H in tropical medicine from the Liverpool School of Tropical Medicine. She went on to complete her residency at the University of California, San Francisco and later earned an MPH in epidemiology from the University of California, Berkeley.

**Ben Cheng**, International Diagnostics Centre, London School of Hygiene & Tropical Medicine, United Kingdom

Ben Cheng is a consultant to the International Diagnostics Centre (IDC) at the London School of Hygiene and Tropical Medicine, focusing on innovative technologies and diagnostics for global health. Previously, Ben was the Vice President of Technology and Innovation at the Pangaea Global AIDS Foundation. Prior to joining Pangaea, Ben was the Director of Advocacy and Communications at PATH and was the Deputy Director at the Forum for Collaborative HIV Research, a public private partnership housed in the School of Public Health and Health Services at the George Washington University in Washington, DC.

**Tom Chiller**, Centers for Disease Control and Prevention, United States

Tom M. Chiller, MD, MPHTM, became the associate director for epidemiologic science in the Division of Foodborne, Waterborne, and Environmental Diseases at the National Center for Emerging and Infectious Zoonotic Diseases (NCEZID) in June 2007. He also serves as the chief of the Mycotic Diseases Branch. Dr. Chiller received his bachelor’s degree from Dartmouth College and his medical and public health degrees from Tulane University. He completed a residency in internal medicine at University of Texas Southwestern, and then worked as an attending physician in HIV medicine. He completed a fellowship in infectious diseases and mycotics at Stanford University and then joined CDC to train in infectious disease epidemiology as an Epidemic Intelligence Service (EIS) officer in the Foodborne and Diarrheal Diseases Branch. Dr. Chiller is board certified in infectious diseases and is a faculty member in the Division of Infectious Diseases at the Emory School of Medicine. He practices infectious diseases at the Veterans Affairs Hospital in Atlanta.
ROUND TABLE 5

CREATING ECONOMICALLY VIABLE LABORATORY CAPACITY TO MEET HEALTH NEEDS IN AFRICA – INCLUDING THOSE OF THE SUSTAINABLE DEVELOPMENT GOALS

SESSION OVERVIEW:

The sustainable development goals represent a logical progression of the global commitment to further improvements in human welfare. The principle health related SDG (SDG 3) encompasses a set of health and wellbeing goals that, when applied together, should result in health system strengthening. The Ebola crises in West Africa and the incidence of various viral outbreaks in other parts of world are reflective of health threats related to globalization. These threats highlight the need for a pre-emptive set of interventions that would ensure global health protection.

One of the key challenges faced by Lower and Middle Income Countries is the absence of diagnostic capacity and systems with which to capture baseline disease data and monitor progress; this problem is especially pertinent to the African region. How to develop the diagnostic services required to support broad scale health improvement from a baseline of fragmented and often poor quality services is an essential question to answer if African nations are to get maximal benefit from the SDGs and be able to contribute optimally to global health security. Key hurdles to the development of adequate laboratory and data collection systems in the Africa region are: poor existing infrastructure, low value placed on these services by populations and health system planners alike, poor visibility of these services at MoH and other government level, lack of in-country finances for investment, skewed priorities resulting from reliance on donor funding, and a lack of knowledge on the most appropriate models for developing cost-effective integrated laboratory services in the region. In this round table discussion we will discuss these elements with the aim of coming up with suggestions for the development of economically viable laboratory capacity to meet the health care needs of the African region.

CO-CONVENERS:

Justine Davies, The Lancet Diabetes and Endocrinology, United Kingdom

Justine Davies is Editor-in-Chief of The Lancet specialty journal, Diabetes and Endocrinology, and a Visiting Professor in Global Health at Kings College London, UK. Her main interest is in diabetes, its interactions with other conditions, and its socio-economic consequences in Lower and Middle Income countries – especially sub-Saharan Africa. She is also interested in improving data collection for both clinical care and health system planning. Dr. Davies has worked on The Lancet Commissions on Global Surgery and Women and Health and is currently working on The Lancet Diabetes & Endocrinology Commission on Diabetes in sub-Saharan Africa. She has also previously practiced as a medical cardiologist and worked as a scientific advisor to the BBC. Dr. Davies holds degrees in Forensic Medicine and Medical Law, Medicine, and Zoology; an MD in Clinical Pharmacology; and a violin performance diploma. She will be working at Wits University, SA, in 2017.

Philip Onyebujoh, World Health Organization Regional Office for Africa, Zimbabwe

Philip Onyebujoh is a senior level international health expert with extensive experience in health systems delivery; clinical, operational and basic science research; and health policy development and advocacy. He is currently the focal person for TB Laboratory services strengthening for WHO’s Regional Office for Africa. He coordinated TB/HIV research for WHO/TDR 2003-2013 and developed evidence for policy in TB/HIV care. He was a recipient of the Wellcome Clinical Fellowship and has authored/co-authored several peer-reviewed publications including WHO guidelines and policy documents.
SPEAKERS:

**Laboratory Capacity and NCDS: Where are the Gaps?**

Rachel Nugent, RTI International, United States

Rachel Nugent is Vice President for Global Non-communicable Diseases at RTI International. She joined RTI in February 2016 to lead a new global initiative to prevent and reduce the health and economic burdens of chronic non-communicable diseases in low- and middle-income countries. Prior to this position, Rachel was Associate Professor in the Department of Global Health at the University of Washington and Director of the Disease Control Priorities Network. She received her M.Phil. and Ph.D. degrees in economics from the George Washington University in Washington, DC, USA. She is currently on the NCD Alliance External Advisory Panel and The Lancet Commission on NCDs of the Poorest Billion.

**Practicalities in Strengthening Laboratory Services and Potential Funding Sources**

Miriam Schneidman, World Bank, United States

Miriam Schneidman is a Lead Health Specialist at the World Bank. She has more than 35 years of experience in the design and implementation of health investment operations in the Africa and Latin America Regions. Over the past few years, she spearheaded the design of the East Africa Public Health Laboratory Networking Project, which is strengthening diagnostic and surveillance capacities. Schneidman has written on various topics and co-authored books and articles on women’s health, performance based financing and laboratory systems. She holds degrees in Economics from the University of Maryland and in Public Health from The Johns Hopkins University.

**The Current State of Laboratory Capacity in Africa**

Alash’le Abimiku, Institute of Human Virology, Nigeria

Alash’le Abimiku is a Professor of Medicine at the University Of Maryland School Of Medicine in Baltimore, MD and serves as the Executive Director, International Research Center of Excellence at the Institute of Human Virology-Nigeria. Originally from Nigeria, Dr. Abimiku is pivotal to the Institute’s success in Nigeria and has remained an international leader in laboratory capacity development in Africa. Dr. Abimiku matriculated from the Ahmadu Bello University, Zaria, Nigeria with a B.S and received her M.Sc. in microbiology and Ph.D. in medical microbiology from the London School of Hygiene and Tropical Medicine, UK. Dr. Abimiku is currently serving as the Chair of the Board of Directors of ASLM.

**Role of Research Laboratories in Addressing SDG Targets and Strengthening Laboratory Capacity**

Welile Sikhondze, National TB Control Program (NTCP), Ministry of Health, Swaziland

Welile Sikhondze is a clinician scientist with the National TB Control Program within the Ministry of Health, Swaziland. Prior to this, she was a TDR Career Development fellow with FIND. She has transitioned from patient care to public health, deciding to concentrate on TB clinical research in Swaziland, her home country. Dr. Sikhondze received her Bachelor of Medicine and Bachelor of Surgery (MBChB) from University of KwaZulu-Natal and Master of Public Health in Clinical Epidemiology from the University of Cape Town in South Africa.

**Laboratory Capacity and Infectious Diseases: Where are the Gaps?**

Moses Joloba, Makerere University, Uganda

Moses Joloba is the head of the Department of Medical Microbiology and senior lecturer at Makerere University’s School of Medicine. Since 2004, Dr. Joloba has served as the head of the National TB Reference Laboratory in Uganda. He has been the director of the Tuberculosis Research Unit (TBRU) for Case Western Reserve University since 2003. Dr. Joloba received his initial medical training at Makerere Medical School and later sought additional management training at the Uganda Management Institute. Dr. Joloba received his MS in pathology and clinical microbiology as well as his PhD in molecular microbiology from Case Western Reserve University on a merit scholarship. He has been a member of the Uganda Medical Association for 14 years and of the American Society for Microbiology for the past 13 years. His current research activities include a co-investigator role on an HIV and malaria co-infection study in Uganda. He is also the principal investigator on two important studies conducted at IDI, Molecular Biology of Mycobacterium tuberculosis in Uganda and Cell to Cell Signaling in Mycobacteria.
SESSION OVERVIEW:

One of the barriers to clinicians’ use of pathology and laboratory results in many African countries is their poor quality, unreliability and limited infrastructure capacity. These factors also have a direct impact on clinician’s trust and limited engagements with pathology specialist. Significant resources by multiple organizations (ASLM, ASCP, WHO, CDC, and others) are now being invested in the clinical laboratory infrastructure of sub Saharan Africa to address the underlying quality problems. Significant progress is reported in the improvement of the quality of results in participating laboratories. However, initiatives to improve clinicians’ trust-in, knowledge-of and engagement-in the clinical laboratory and pathology are lacking. In this symposium we will: 1. Highlight African laboratories that have achieved quality certification and define the possible forces that have led to this. 2. Discuss a proposed list of minimum laboratory tests that need to be present in a healthcare facility based on the WHO list of basic medications. 3. Explore and recommend efforts on how to strengthen communication between clinicians and pathologists and other laboratory workers regarding clinical laboratory diagnostics. 4, Showcase a different approach to teaching pathologic diagnosis of cancer using case-based learning. The ability to make specific diagnoses (rather than syndromic diagnoses) by improving knowledge and understanding of pathology diagnostics and laboratory medicine will enhance patient care at the individual, community and public health level. Engagements with clinicians and having clinician advocates for pathology diagnostic excellence will provide for mitigating interventions that are needed to render adequate diagnoses, including, improvements in the quality of collected specimens. The creation of a list of basic laboratory tests that mirrors the WHO list of basic medications is needed so that hospitals can implement them when they are treating specific diseases. Governments can also use the list to define the minimum laboratory tests that need to be conducted for diagnosing diseases. Being more effective in teaching aspects of pathological diagnosis to practicing pathologists in Africa will also bring awareness of the number of cancer cases that are present on the continent. Efforts to increase communication between laboratory scientists and clinicians are imperative to ensure efficient use of resources available and the improvement of clinicians’ trust-in, knowledge-of and engagement-in the clinical laboratory which is paramount for patient care and public health.

• **Basic list of Laboratory Tests Formulated Based on the WHO List of Essential Medications**
  *Timothy Amukele*, Makerere University-Johns Hopkins University Research Collaboration Core Laboratory, United States

• **Creation and Testing of Case-Based Teaching for Neoplasias**
  *Shahin Sayed*, Aga Khan University Hospital, Kenya

• **History and Achievements of the Namibia Institute of Pathology**
  *Harold Kaura*, Namibia Institute of Pathology, Namibia

• **Strengthening Communication Between Diagnostic Laboratories and the Clinical Team**
  *Jeannette Guarner*, Emory University, United States
CO-CONVENERS:

Jeannette Guarner, Emory University, United States

Jeannette Guarner was brought up in Mexico City where she obtained her medical degree from LaSalle University. She did her anatomic and clinical pathology residency training at Emory University in Atlanta, GA. Then she returned to Mexico City where she was the Director of the Clinical Laboratory at the National Cancer Institute. In 1997 she returned to Atlanta and worked at the Centers for Disease Control and Prevention (CDC) in the Infectious Disease Pathology Branch. During her 10-year tenure at CDC she was involved in the histopathologic study of high profile outbreaks including the US anthrax bioterrorism attack, the introduction of West Nile virus to the Americas, and the discovery of SARS coronavirus. In 2007 she joined the faculty at Emory University. She is Professor of Pathology and Laboratory Medicine and is currently the Medical Director of the Clinical Laboratory at Emory University Hospital in Midtown. She teaches medical students, residents and fellows. She has developed a curriculum to teach laboratory medicine to clinicians that has been used at Emory University and Addis Ababa University.

Babatyi Malope-Kgokong, National Health Laboratory Service, South Africa

Babatyi Innocentia Malope-Kgokong originates from South Africa where she obtained her BSc and MSc (Cum Laude) in Medical Laboratory Sciences majoring in Haematology from the University of Limpopo. She obtained a PhD in Community Health at the University of the Witwatersrand and Postgraduate Diploma in Economic Policies from the University of London (CeFIMS). Dr Malope-Kgokong received part of her training at the National Cancer Institute, Frederick; Viral Oncology Section; AIDS Vaccine Program; SAIC-Fredericks and the Division of Cancer Epidemiology and Genetics, Bethesda, Maryland, USA and the National Cancer Registry, New South Wales, Sydney in Australia. She was a recipient of the MRC Scientist Internship Programme, the UICC - International Cancer Technology Transfer Fellowships, the Medical Research Council International Travel Grant and the USA National Cancer Institute Grant. Dr Malope-Kgokong has worked as an epidemiologist at the Clinical HIV Research Unit, Right to Care and the National Institute for Communicable Disease at the Centre for Respiratory Diseases and Meningeal. Dr Malope-Kgokong is currently the National Manager of Academic Affairs and Research at the National Health Laboratory Service and has interests in the epidemiology of HIV/AIDS, related infectious diseases and malignancies.

SPEAKERS:

Timothy Amukele, Makerere University-Johns Hopkins University Research Collaboration Core Laboratory, United States

Timothy Amukele is an Instructor in the Department of Pathology at Johns Hopkins University; and the laboratory director for the Johns Hopkins Malawi Clinical Trials Units in Blantyre, Malawi, and Kampala, Uganda. His research interests are in the Quality and Impact of Clinical Laboratories in Developing countries, particularly in the monitoring of chronic diseases. He has developed a laboratory Quality Assurance system for hospital laboratories in poor countries, and has implemented this system in Uganda, Eritrea, Bhutan and Malawi. This work is supported by the Beckman-Coulter foundation. His other interests are in the epidemiology of renal disease in sub-Saharan Africa. Dr. Amukele is the PI of an observational study of acute renal disease prevalence and risk factors in Mulago Hospital in Kampala Uganda.

Shahin Sayed, Aga Khan University Hospital, Kenya

Shahin Sayed is a pathologist from Kenya that works in Aga Khan University. Dr Sayed is the Secretary General College of Pathologists of East, Central and Southern Africa (COPECSA). COPECSA is a regional and internationally recognized College that supports and informs medical and laboratory practice through the promotion of quality pathology and laboratory medicine services in Africa and the setting of standards in the education, training and professional development of pathologists in the region.
Harold Kaura, Namibia Institute of Pathology, Namibia

Harold Kaura is currently the Chief Operations Officer (COO) of Namibia Institute of Pathology Limited (NIP) Ltd, the largest clinical pathology organisation in Namibia with a network of 40 medical laboratories. His broad career in public health, which spans over 16 years, has involved public health laboratory system development and management, laboratory infrastructure improvement, research, and high level leadership in the public sector. Harold completed his Bachelor of Science (BSc) and Master of Science (MSc) from Brooklyn College of The City University of New York in Brooklyn, New York. He is currently serving on the Technical Advisory Committee on AIDS of the MoHSS and the National Public Health Laboratory System Liaison Committee.
Thursday, 8 December 2016

PLENARY 3
CLINICAL INFECTIOUS DISEASES AND LABORATORY MANAGEMENT

Sponsored by:

Roche

DATE: Thursday, 8 December
TIME: 09:00 – 10:30
LOCATION: Auditorium 1
SESSION CO-CHAIRS: Trevor Peter, Clinton Health Access Initiative, Botswana
Jane Carter, Amref Health Africa, Kenya

SPEAKERS

Joyce Mogale, Chief Executive Officer, National Health Laboratory Service, South Africa

Managing Communicable and Non-Communicable Diseases in South Africa: NHLS Experience

Joyce Mogale is the Chief Executive Officer of the National Health Laboratory Service (NHLS). Ms Mogale holds the following qualifications: MBA, Postgraduate Diploma in Health Management, BSc (Hons) Status, Higher National Diploma and National Diplomas in Medical Technology. She has also previously worked as an Executive Manager of the NHLS in the Northern region; and a Deputy Director: Laboratory Services in the Department of Health and Welfare in Limpopo. She has held strategic positions as Director in SMME: for the Department of Finance and Economic Development, among other successes. She has established her own business; which enabled her to train professional nurses and doctors throughout the country on the Integrated Management of HIV and TB.
Oyewale Tomori, President, Nigerian Academy of Science, Nigeria

Partnerships and Smart Investments to Turn the Tide of Global Health Threats

Oyewale Tomori is the President of the Nigerian Academy of Science with experience in virology, disease prevention and control. He retired from the University of Ibadan in 1994, as a Professor of Virology, and later served as the pioneer Vice Chancellor of the Redeemer’s University in Nigeria from 2004-2011. From 1994-2004, he was the Virologist for the WHO Africa Region, establishing the African Regional Polio Laboratory Network. Dr. Tomori has appreciable knowledge of arbovirus and viral hemorrhagic fever infections: Lassa Fever, Yellow Fever, and Viral Disease. In 1981, he was recognized by the US CDC for contribution to Lassa Fever research. In 2002, he received the Nigerian National Order of Merit, (NNOM), the country’s highest award for academic and intellectual attainment and national development. Dr. Tomori has served/continues to serve on numerous advisory committees, including: WHO Africa Regional Polio Certification Committee, WHO Group of Experts on Yellow Fever Disease, Chairman WHO Yellow Fever Emergency Committee on International Health Regulations (IHR) and World Bank Working Group on Financing Preparedness and Response. He is an international member of the US National Academy of Medicine. He holds the DVM and PhD degrees and has >140 publications in the areas of his expertise.

Patrick Nguku, Senior Resident Advisor, FELTP, Nigeria

Role of FELTP in Disease Control in Africa

A Medical epidemiologist by training, Patrick is currently the Senior Resident Advisor of Nigeria FELTP. He has a Master’s degree in Applied Epidemiology (Field Epidemiology), PGD in HIV/STD management and a medical degree. He has previously served as the national coordinator of disease surveillance and response in Kenya in 2006 - 2008 and was instrumental to Integrated Disease Surveillance and Response (IDSR) scale up in Kenya and response to numerous outbreaks including rift valley fever and Ebola. In Nigeria, he has supported response to multiple disease outbreaks including Lassa fever, lead poisoning, avian influenza and Ebola. He has conducted trainings and supported public health initiatives in Kenya, Uganda, South Sudan, Namibia, Botswana, Burkina Faso and Nigeria. Since the inception of Nigeria FELTP, Patrick has supported the training of over 300 trainees in the long course and over 800 in the short courses.
### ORAL SESSION 3.1: Achieving International Targets and the Global Health Security Agenda

#### Thursday, 8 December

**Room 1.4**

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<th>Time</th>
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<th>Authors</th>
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<tr>
<td>11:10 – 11:20</td>
<td>Sustaining PEPFAR Initiated Laboratory Services in Nigeria: Experiences and Lessons from Implementing a Laboratory Revolving Fund (LRF) Program in a District Hospital</td>
<td>N.A. Ndulue</td>
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**Thursday, 8 December**

**Room 1.4**

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<td>11:30 – 11:45</td>
<td>Question &amp; Answer</td>
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<td>11:45 – 11:55</td>
<td>Reasons for Unpredictable Stockout of Laboratory Reagents in Cote D’Ivoire: Consequences for Diagnostics Access Initiative (DAI) Implementation</td>
<td>F. Umaru</td>
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<tr>
<td>11:55 – 12:05</td>
<td>Biosafety Training Program: The Process of Conducting Sustainable Biosafety Trainings and the Role of Management in Order to Minimize Occupational Exposures to Biohazards and Enhance Laboratory Quality</td>
<td>D.N. Bota</td>
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<td>12:05 – 12:15</td>
<td>Learnings From a Public-Private Partnership to Provide High Quality, Efficient and Financially Sustainable Laboratory Services at the National Public Hospital in Tanzania</td>
<td>A. Magasa, L. Muzeru, A. Wilson, N.N. LoBue, J. Kisyombe, F. Kayandabila</td>
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**Thursday, 8 December**

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### ORAL SESSION 3.2: QMS in Improving Clinic Laboratory Interface

#### Thursday, 8 December

**Room 1.6**

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<th>Time</th>
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<tr>
<td>11:00 – 11:10</td>
<td>Performance of HIV Diagnostic Algorithms at 6 Sites in 5 Sub-Saharan African Countries</td>
<td>C. Kosack, L. Shanks, T. Benson, A. Ng’ang’a, B. André, J. Zahinda, A. Page</td>
</tr>
<tr>
<td>11:10 – 11:20</td>
<td>Rapid Improvement of Four Clinical Laboratories in DR Congo: the Accelerated SLMTA Approach</td>
<td>K.G. Mbensa</td>
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<td>11:30 – 11:45</td>
<td>Question &amp; Answer</td>
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<td>11:45 – 12:05</td>
<td>Monitoring and Evaluation of South Africa’s National ART Program Using Laboratory Based Data Dashboards</td>
<td>W.B. MacLeod, J. Bor, S. Carmona, S. Candy, W. Stevens, I. Sanne</td>
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<td>11:55 – 12:05</td>
<td>Laboratory Quality Management System: Key Driver to Accreditation</td>
<td>J.M. Maragia</td>
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<tr>
<td>12:05 – 12:15</td>
<td>Diagnostic Accuracy of 8 HIV RDTs and 2 Simple Confirmatory Assays from 5 Sub-Saharan African Countries</td>
<td>C. Kosack, L. Shanks, G. Boelaert, K. Fransen, T. Benson, A. Savana, A. Ng’ang’a, B. André, J. Zahinda</td>
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<tr>
<td>12:15 – 12:30</td>
<td>Question &amp; Answer</td>
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### ORAL SESSION 3.3: Networking to Support Global Health

#### Thursday, 8 December

**Room 2.4**

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<th>Time</th>
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<tr>
<td>11:20 – 11:30</td>
<td>Improving TB/HIV Case Detection Rate Through the Integration of Private Health Facilities in the Network Controlled by the Health Zone: An Experience from the Bunia Health Zone in the DRC</td>
<td>J.S. Zkahodi</td>
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<tr>
<td>11:30 – 11:45</td>
<td>Question &amp; Answer</td>
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<td>12:05 – 12:15</td>
<td>Impact of the Laboratory Information Management System for ISO 15189 Accreditation of the National TB Reference Laboratory in Mozambique</td>
<td>K. Azam, S. Viegas, R. Timpepi, S. Kidane</td>
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<td>12:15 – 12:30</td>
<td>Question &amp; Answer</td>
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<tr>
<td>Time</td>
<td>Session</td>
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| 11:00 – 11:10 | Impact of Decentralisation of ART Laboratory Services on TAT in Lusaka District – a Case of Capacity Building for Local Laboratories
| 11:10 – 11:20 | Improving Laboratory Testing Quality and Capacity Using a Mentored Laboratory Quality Stepwise Implementation (LQSI) Approach in Cambodia
| 11:20 – 11:30 | Strengthening the Quality Management Systems of Port Reitz Hospital Laboratory in Kenya through Laboratory Institutional Mentorship Programme
H.D. Gamba |
| 11:30 – 11:45 | Question & Answer |
E. Kaggwa, Y. Wu, B. Alemayehu, T. Harris |
| 11:55 – 12:05 | Establishing National Malaria Slide Bank: Key Strategy for Implementing Reliable Proficiency Testing External Quality Control and Microscopy Training Programs
| 12:05 – 12:15 | Contribution of Online Training To Safety Training in TB Laboratories
A.P. Trollip, D. Enri, A. Ascorra, M. Lebina, H. Albert |
| 12:15 – 12:30 | Question & Answer |
### ORAL POSTER 3.1: The Role of Partnerships in Improving Global Health

**Thursday, 8 December**  
**Ballroom East/West, Stage 1**

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<td>Lessons Learnt Using a Point-of-Care Device to Monitor Viral Load in HIV+ Women Receiving ANC at a Primary Care Clinic in Cape Town, South Africa</td>
<td>L. Dunning, L. Ndlovu, L. Myer, N. Hsiao</td>
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<td>12:50 – 13:00</td>
<td>Incidence and Predictors of Treatment Failure to Second-line Antiretroviral Treatment in a Young People Living with HIV/AIDS Clinic: A Retrospective Cohort Study</td>
<td>M. Matovu, G. Agaba, A. Kaktimina, S. Kitaka</td>
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<td>13:10 – 13:20</td>
<td>Expanding Access to GenXpert Technology through Linkages of Peripheral TB Laboratory Service Delivery Networks in Northern Nigeria</td>
<td>N.A. Ndulue</td>
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### ORAL POSTER 3.2: Approaches for Quality Management Systems and Diagnostics

**Thursday, 8 December**  
**Ballroom East/West, Stage 2**

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PARTNERSHIPS

POSTER NUMBERS:

>> Posters 329 - 404 will be shown in Jasminum

>> Posters 405 - 436 will be shown in Ballroom East/West Foyer

DATE: Thursday, 8 December
TIME: 12:30 – 13:30
LOCATION: Jasminum, Ballroom East/West Foyer

Please refer to the Poster Directory in the back of the Conference Programme for poster numbers and titles.

Complete poster information can be viewed in the online Abstract Book at www.aslm2016.org
SYMPOSIUM 5
QUALITY MANAGEMENT SYSTEMS AND PATIENT CARE IN AFRICA

SESSION OVERVIEW:

In this session, presenters will share experiences, innovations, lessons and best practices in accelerating the improvement of laboratory quality management systems towards accreditation. The session will also describe the changing landscape in developing countries towards accreditation and identify opportunities and roles of various partners in supporting the accreditation journey, attainment and sustaining the gains.

- **Implementation of Continuous Quality Systems in India**
  Sunita Upadhyaya, Centers for Disease Control and Prevention, India

- **Implementing Quality Assurance of Point Care Testing in South Africa**
  Maphosane Nchabeleng, Sefako Makgatho Health Sciences University, South Africa

- **A Regional Approach to Driving the Laboratory Accreditation Agenda in East Africa**
  Ndlovu Nqobile, African Society for Laboratory Medicine, Ethiopia

- **Status of Accreditation in Africa: The Changing Landscape**
  Martin Matu, East Africa Public Health Laboratory Networking Project (EAPHLNP), Kenya

**CO-CONVENERS:**

- **Nontombi Mbelle**, National Health Laboratory Service, South Africa
  Nontombi Mbelle has qualifications from the University of Botswana and Swaziland, Cornell University in the USA, the University of the Witwatersrand in South Africa as well a specialist medicine qualification from the College of Medicine of South Africa. She has been employed at several institutions in South Africa as a researcher of the conjugate pneumococcal vaccine in Soweto, a business manager of the National Health Laboratory Services and an academic at both the Universities of the Witwatersrand and Limpopo. She is currently Head of Department of Medical Microbiology at the University of Pretoria. She serves on several committees of the regulatory authority of the Department of Health of South Africa. Her areas of interest are vaccine research, antimicrobial resistance and microbial ecology as well as quality assurance in the laboratory. Her passion is mentorship of young researchers and laboratory staff.

- **Fausta Mosha**, Ministry of Health, Tanzania
  Fausta Mosha, is a medical microbiologist and epidemiologist working for the Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC) Tanzania since 2005, currently as the Director for the National Public Health Laboratory since 2010. Prior to that she coordinated laboratory based trainings and served as a Resident Advisor for the Tanzania Field Epidemiology and Laboratory Training Programme (FELTP). Dr. Mosha holds an MD from the University of Dar es Salaam, MSc in Microbiology from the University of Leuven, Belgium, MSc in Epidemiology and Laboratory Management from the Jomo Kenyatta University, Kenya and PhD in Biomedical Sciences from the University of Leuven, Belgium. She is a Principal Investigator for the co-operative agreement between the Centers for Disease Control and Prevention, (CDC), Atlanta and African Field Epidemiology Network (AFENET) on a project entitled: “Proficiency testing for HIV Rapid Tests, Biological safety cabinet certification” in several countries in Africa and the Caribbean Region. She is also a Project Manager for the East African Public Health Laboratory Networking Project (EAPHLNP) in Tanzania.
SPEAKERS:

Sunita Upadhyaya, Centers for Disease Control and Prevention, India

Dr. Sunita Upadhyaya is a medical graduate with specialization in Pathology and more than 18 years of experience working with private and public sector laboratories in India. Prior to her current role with CDC, where she serves as an advisor to the Ministry of Health and implementing partners in the planning and strengthening of laboratory quality improvement programs, Dr. Upadhyaya was head of the Pathology Department of a Government Hospital in Delhi for five years. Dr. Upadhyaya is a technical assessor, lead assessor and accreditation committee member for medical laboratories to National Accreditation Board of Testing and Calibration Laboratories (NABL), India as per ISO 15189. She is also an International Fellow of College of American Pathologists (CAP) and has served as a sub-committee member of Clinical & Laboratory Standards Institute (CLSI) for development and review of Clinical Laboratory guidelines.

Maphoshane Nchabeleng, Sefako Makgatho Health Sciences University, South Africa

Maphoshane Nchabeleng obtained her MBChB at the Natal University and subsequently obtained the following qualifications: DA (CMSA), MMed Microbiology (Natal University), Diploma in HIV management (CMSA), Postgraduate diploma in Hospital Infection Prevention and Control (Stellenbosch University). She has worked at several hospitals including Natal University/King Edward Hospital and SMU/ Dr George Mukhari Academic Hospital. She is currently the Head of the Department of Microbiology at Sefako Makgatho Health Sciences University/ DGM Tertiary Laboratory. Prof. Nchabeleng’s research interests include antimicrobial resistance and hospital Infection prevention and control. She also established Mecru Clinical Research Unit for clinical trials in HIV prevention strategies.

Ndlovu Nqobile, African Society for Laboratory Medicine, Ethiopia

Ndlovu Nqobile is the Senior Program Manager for the African Society for Laboratory Medicine (ASLM). Mr. Ndlovu holds a Master’s in Public Health (MPH) degree from the University of Zimbabwe and is a Public Health Practitioner with both Epidemiology and Laboratory training. He has been involved in laboratory quality improvement in Africa and the Caribbean region since 2009. His extensive work has been on the launching and implementation of the PEPFAR flagship programs such as the Strengthening Laboratory Management Toward Accreditation (SLMTA); the Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) and the laboratory mentorship programs.

Martin Matu, East Africa Public Health Laboratory Networking Project (EAPHLNP), Kenya

Martin Matu is a Medical Laboratory Specialist with a wealth of experience in management of health programs, training, laboratory diagnostics and disease surveillance. He is currently the Project Coordinator of the World Bank funded East Africa Public Health Laboratory Networking project (EAPHLNP), which is based at the East Central & Southern Africa Health Community. Specifically, he is responsible for coordinating the regional implementation of project activities that focus on strengthening diagnostic and disease surveillance systems as well as facilitating knowledge exchange among the regional experts involved in the project. Dr. Matu holds a Ph.D (Public Health), M.Sc. (Biotechnology and Molecular Biology) and MBA (Health Systems Management). Dr Matu previously worked as Manager of the Laboratory Programme at the Amref Health Africa, University of Nairobi, Institute of Tropical and Infectious Disease (UNITID) and Kenya Medical Research Institute (KEMRI).
SESSION OVERVIEW:

In 2016, WHO recommended universal access to HIV viral load testing for all people living with HIV upon significant evidence, showing how early suppression of viral load benefits both the individual patient and the population. Yet equitable access to viral load testing remains challenging in resource limited settings. Viral load testing is costly and has been largely centralized, relying upon high-throughput molecular platforms within strong laboratory networks using strict cold-chain transport and storage. Achieving access to viral load testing, as set by the 90-90-90 targets by 2020 for all those on treatment will require commitment and active participation from all involved: donors, laboratorians, local policymakers, manufacturers, clinicians, and patients. New technology, including dried blood spot use in viral load and point-of-care viral load testing, may assist countries in reaching populations without previous access to centralized laboratory testing. In this symposium, we will discuss the opportunities, challenges, and the current successes of viral load testing and scale-up as well as strategies for improving implementation after discussion and presentation of country experiences.

- **Scaling Up Viral Load to Meet the Last 90: Progress So Far**
  Nathan Ford, World Health Organization, Switzerland

- **Centralized Systems for Viral Load Testing in Uganda: Success and Challenges**
  Charles Kiyaga, Central Public Health Laboratory, Uganda

- **Country Experiences: Cameroon**
  Avelin Aghokeng, Virology Laboratory CREMER, Cameroon

- **Scaling Up Viral Load Testing in South Africa**
  Sergio Carmona, National Health Laboratory Service, South Africa

CO-CONVENERS:

Shannon Hader, Centers for Disease Control and Prevention, United States

Shannon Hader has an extensive background in international HIV/AIDS and has worked in challenging socio-economic and political environments, emphasising accountability, scale, and impact for sustainable responses. She is currently the Director of the Division of Global HIV and TB at the US CDC. Dr. Hader has served as a medical epidemiologist for the Division of HIV/AIDS Prevention, CDC Country Director and DGHA lead in Zimbabwe, and a senior scientific advisor to the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) at the Department of State’s Office of the U.S. Global AIDS Coordinator. In 2007, Dr. Hader left the federal government to work for the District of Columbia Department of Health, where she served as Director of the HIV/AIDS, Hepatitis, STD, and TB Administration for three years. Prior to her return to CDC, Dr. Hader served as Vice President and Director for the Center for Health Systems and Solutions at the Futures Group, as well as a Robert Wood Johnson Foundation Health Policy Fellow, where she served on the health policy staff of Senator Edward J. Markey of Massachusetts.
Wendy Stevens, National Health Laboratory Service, South Africa

Wendy Stevens qualified as a medical doctor from the University of the Witwatersrand in Johannesburg, South Africa, with cum laude in 1989 and pursued a career in laboratory Medicine. She received a best pathology registrar award in 1995 and a distinction for a degree during her specialization in haematology which she completed in 1995. She rose very quickly through the ranks and was appointed first as acting Head of the Department of Molecular Medicine and Haematology and full professor and Head in 2003. In this regard she now holds a joint position with the National Health Laboratory Service (largest pathology service provider in South Africa that services 80% of the population in the public sector) and the University of the Witwatersrand.

SPEAKERS:

Nathan Ford, World Health Organization, Switzerland

Nathan Ford is a scientific officer with the Dept of HIV/AIDS and Global Hepatitis Programme of the World Health Organization in Geneva, and head of WHO’s Guidelines Review Committee. Prior to joining WHO he worked with Médecins Sans Frontières (MSF) for 14 years supporting HIV programmes in a number of countries in southern Africa and South-East Asia. He holds a degree in Microbiology and Virology, a Masters in Public Health and Epidemiology, and a PhD in Clinical Epidemiology, and is a Fellow of the Royal College of Physicians of Edinburgh. He has published over 340 peer-reviewed publications and is an editorial adviser for the WHO Bulletin and a member of the editorial boards of JAIDS, JIAS, Tropical Medicine and International Health, and Conflict and Health.

Charles Kiyaga, Central Public Health Laboratory, Uganda

Charles Kiyaga is a biomedical scientist who earned Bachelor’s Degree in Biomedical Laboratory Technology from Makerere University Kampala, and a Bachelor’s Degree in Health Systems Management from the University of Manchester UK. He earned a Master’s Degree in Biomedical of Science and Management from Makerere University Kampala, Uganda, and a Master of Philosophy in Medical Science (MPhil) from the University of Cambridge UK. He also holds a Diploma in Health Management from Galilee International Management Institute, Israel. Charles works at the Central Public Health Laboratories as the National Early Infant Diagnosis (EID), Viral Load, and Sickle Cell Programs Coordinator, and also coordinates the National Sample Transport Systems, all of which programs he helped to initiate. Charles has worn several international awards for his outstanding performance. He is the ASLM Ambassador to Uganda.

Avelin Aghokeng, Virology Laboratory CREMER, Cameroon

Avelin Aghokeng is a virologist who works as a scientist at the Institute for Research and Development (IRD) in Yaoundé – Cameroon. His work in the field of HIV over the past 15 years has focused on HIV-1 origin and the risks of emergence of similar new lentiviruses, viral genetic diversity and its evolution over time, and the public health challenges of HIV virology in resource-limited countries. Part of his researches includes assessment of diagnostic and monitoring tools for HIV, and development of alternative strategies. Dr Aghokeng has also conducted many studies on HIV drug resistance in RLC.

Segrio Carmona, National Health Laboratory Service, South Africa

Sergio Carmona is a pathologist at the Charlotte Maxeke Academic Hospital in Johannesburg, where he manages one of the largest routine HIV virology laboratories in the region, providing Early Infant Diagnosis PCR, HIV drug resistance testing and over 40000 viral loads per month. He is the pathologist at Executive Committee of the National Health Laboratory Service since 2012, an over 7000 employee organisation and 268 labs, that provides diagnostic pathology for 80% of South Africans. In 2010 Dr. Carmona was seconded to the programme for the implementation of new viral load testing platforms in 17 labs across South Africa and this has successfully reached close to 2 million tests per annum. He is interested in the areas of early infant diagnosis, HIV viral load monitoring evaluation of POC devices, HIV drug resistance, HPV genotyping and HIV related Monitoring and Evaluation.
UPDATES ON SLIPTA AND ACCREDITATION

SESSION OVERVIEW:

The World Health Organization Regional Office for Africa (WHO/AFRO) Stepwise Laboratory Improvement Process Towards Accreditation is a framework for countries in their efforts to strengthen national laboratory systems through fulfillment of the requirements in the ISO 15189 standard. SLIPTA is designed to encourage, support and recognize the implementation of quality management systems (QMSs) in medical laboratories in the African Region. The program design promotes scalability, measurability and accessibility and country ownership of to ensure sustainability. To date, more than 18 countries and over 180 laboratories have implemented SLIPTA and have received SLIPTA star rating. The session aims to provide updates and share experience among countries implementing and planning to implement SLIPTA. 1) To provide updates on country implementation of SLIPTA program. 2) Share lessons learned and recommendations for program expansion and sustainability.

- **Updates on the WHO/AFRO SLIPTA Audits**
  Talkmore Maruta, African Society for Laboratory Medicine, Ethiopia

- **Progress on SLIPTA and Accreditation in South Africa**
  Patience Dabula, National Health Laboratory Service, South Africa

- **SLIPTA Implementation Approach in Mozambique**
  Patrina Chongo, Instituto Nacional de Saude, Mozambique

- **Updates on SLIPTA Process in Cameroon**
  Julie Ndasi, Global Health Systems Solutions, Cameroon

**CO-CONVENERS:**

**Trevor Peter**, Clinton Health Access Initiative, Botswana

Trevor Peter is the Director of Diagnostics at the Clinton Health Access Initiative. He is based in Botswana and has over 20 years experience in the fields of diagnostics, infectious diseases research and public health. Over the past 10 years, he has worked on strengthening laboratory services in Africa, Asia, Eastern Europe, the Caribbean and South America. Previously, he managed the Botswana-Harvard School of Public Health HIV Reference Laboratory and conducted vector borne disease research in southern Africa. He was the Board Chair of the African Society for Laboratory Medicine from 2012 – 2016 and the recipient of the Life Ball Crystal of Hope award in 2009.

**Emmanuel Idigbe**, Nigeria NIMR, Nigeria

Oni Idigbe is a Medical Microbiologist by training and is the immediate past Director-General of the Nigerian Institute of Medical Research, Lagos (2000-2008). He joined the Institute in 1980 after obtaining his Ph.D from the University of Glasgow in 1979. He currently works in the Institute as the Coordinator of Research Planning and Management and an Adjunct Professor of Microbiology at the Feinberg School of Medicine, Northwestern University Chicago, USA. In course of the past 35 years of active research and academic career, Professor Idigbe has contributed significantly to the development of human and infrastructural capacities for health research and health care delivery in Nigeria. Significant amongst these are the establishment of the National Reference laboratory for HIV/AIDS and a BSL3 Reference Laboratory for Tuberculosis in the country. His main areas of Research Interests are HIV/AIDS, Drug-Resistant Tuberculosis (MDR/XDR), Pertussis (Whooping Cough) Oral health and Laboratory quality Systems.
**SPEAKERS:**

**Talkmore Maruta,** African Society for Laboratory Medicine, Ethiopia

Talkmore Maruta is a Public Health Medical Laboratory Scientist with a BSc(Hons) Degree in Medical Laboratory Sciences, Masters and PhD in Public Health. He has regional and international experience in laboratory system strengthening having worked with renowned institutions like CHAI, FIND and ASLM and over 20 Ministries of health in Africa and beyond. As a QMS expert he has developed trainings implemented regionally, is a member of the WHO/AFRO SLIPTA Expert group, SLMTA governance body and a reviewer for the AJLM and PLOS. He received a "Distinguished Leadership" award at ASLM 2012 Conference in recognition of his work.

**Patience Dabula,** National Health Laboratory Service, South Africa

Patience Dabula is a National Quality Assurance Manager of the South African National Health Laboratory Service (NHLS) since Mar 2011. She holds a Master’s in Biomedical Technology. She has worked as a Medical Technologist for over 10 years, worked in two Clinical Trial laboratories as a Manager, Analytical Project Manager and a Quality Assurance Manager in another Clinical Trial Laboratory, lectured part time in a University of Technology and worked as a Training and Quality Assurance Officer supporting laboratories in several African Countries and India. She serves in three Technical Committees of the South African Bureau of Standards’ (SABS), is a SLMTA Trainer and an internal SLIPTA auditor. She is a South African National Accreditation Systems (SANAS) Lead Assessor since 2006 and serves in the SANAS Advisory Approval’s Committee.

**Patrina Chongo,** Instituto Nacional de Saude, Mozambique

Patrina Chongo is a National External Quality Assurance Program Coordinator of the Mozambican National Institute of Health since 2011. She is qualified as a chemistry teacher at Pedagogic University with a Master’s in Quality Management. Qualified as a Master Trainer for the Strengthening of Laboratory Management Towards Accreditation (SLMTA) in 2012 and has subsequently facilitated a number of SLMTA training of trainers workshops in and outside of Mozambique. She currently serves also as the Head of the National Quality Accreditation Program at the Ministry of Health in Mozambique, having previously served as a lab technician and also as a quality manager in the Immunology Reference Laboratory.

**Julie Ndasi,** Global Health Systems Solutions, Cameroon

Juliana Ndasi is the Deputy Executive Director for Global Health Systems Solutions (GHSS). She obtained a Bachelor of Science in Biochemistry and a Master of Science in Pharmacology from Ahmadu Bello University Zaria, Nigeria in 1998 and 2001, respectively. She also holds a PhD in Pharmacology and Toxicology from the University of Nigeria Nsukka in 2008. Juliana authors publications in pharmacology and toxicology in Asian Journal of Medical Sciences, West Africa Journal of Pharmacology and Drug Research and The Plant Scientist. Juliana lectured at the Ebonyi State University for six years before being recruited as a Senior Lecturer at the University of Buea, Cameroon where she lectured for three years. Dr Ndasi is a SLMTA (Strengthening Laboratory Management towards Accreditation) Master Trainer, Laboratory Mentorship Trainer and Public Health Laboratory Manager where she currently oversees the mentoring of 14 laboratories towards WHO/AFRO SLIPTA accreditation, and the implementation of quality assurance activities in 925 health facilities in Cameroon. Dr Ndasi recently received an International Excellence in Partnering Award for improving the quality of laboratories in developing countries through implementation of quality management systems from CDC & ATSDR Honour Award.
Closing Session Chairs:

- Wendy Stevens  
  ASLM2016 Conference Co-Chair

- Anthony Emeribe  
  ASLM2016 Conference Co-Chair

Rapporteur Summaries:

**Rapporteur 1 – Global Health Security**

- Pedro Da Silva  
  National Health Laboratory Service, South Africa

**Rapporteur 2 – Non-Communicable Diseases**

- Julie Ndasi  
  Global Health Systems Solutions, Cameroon

**Rapporteur 3 – Partnerships**

- Mah-Sere Keita  
  African Society for Laboratory Medicine, Mali

Closing Remarks:

- Alash’le Abimiku  
  African Society for Laboratory Medicine, Chair, Board of Directors

- Ali M. Elbireer  
  African Society for Laboratory Medicine, CEO
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Exhibitor Directory

Abbott.......................... BOOTH #: 36
At Abbott, we’re committed to helping you live your best possible life through the power of health. For more than 125 years, we’ve brought new products and technologies to the world—in nutrition, diagnostics, medical devices and branded generic pharmaceuticals—that create more possibilities for more people at all stages of life. Today, 74,000 of us are working to help people live not just longer, but better, in the more than 150 countries we serve.

Africa Society for Blood Transfusion .............. BOOTH #: 8
Our mission is to advocate the highest ethical and professional standards and skills in blood transfusion across Africa, enabling safe, universally accessible and sustainable national blood programmes in participating countries. Our objectives are: • Developing and supporting the AfSBT Step-wise Accreditation Programme that endorses operating standards of the highest quality for the practice of blood transfusion and takes cognisance of the disparate states of development of blood services in Africa. • Developing and making available Education online, that is appropriate for the practice of blood transfusion at international standard. • Communicating and advocating these important objectives. www.afsbt.org / info@afsbt.org.

African Journal of Laboratory Medicine .... REGISTRATION FOYER
The African Journal of Laboratory Medicine (AJLM) is the official scholarly journal of ASLM. AJLM is an online, open-access journal publishing on a continuous basis with occasional supplements focused on topics of special interest to laboratorians.

Air Filter Maintenance Services International (AFMS) ........ BOOTH #: 40
Modular Containment Solutions- Professional Consultancy including detailed evaluation/assessment reporting for potential clients BSL1-4; Clean rooms; Oncology Pharmacy customers Products/Sales: Specialist Laboratory Equipment- BSC Class I-III; HEPA filters etc. Services: Full certification and validations of Laboratories; Particle counts.

Aldatu Biosciences, Inc. ................. BOOTH #: 16
Aldatu Biosciences is a Cambridge, MA (USA)-based biotechnology company developing innovative diagnostic tools based on its proprietary genotyping platform, PANDAA. Aldatu is committed to commercializing products that address diagnostic challenges in global health, primarily in HIV and other infectious diseases, and which improve both the quality of patient care and healthcare cost-efficiency. Aldatu is currently focused on the development of rapid and affordable tests for drug-resistant HIV. Inquiries can be sent to change@aldatubio.com, and more information can be found at www.aldatubio.com.

Alere .................. BOOTH #: 35
Alere believes that when diagnosing and monitoring health conditions, Knowing now matters™. Alere delivers on this vision by providing reliable and actionable information through rapid diagnostic tests, enhancing clinical and economic health outcomes globally. Headquartered in Waltham, Mass., Alere focuses on rapid diagnostics for infectious disease, cardiometabolic disease and toxicology. For more information on Alere, please visit www.alere.com.

BD Biosciences ............... BOOTH #: 1
BD is a leading medical technology company that benefits countless lives worldwide. We advance health by improving the ways that discovery, diagnostics and delivery of care are conducted. With 45,000 employees at work in more than 50 countries, we work in close collaboration with customers and partners to develop innovative products and solutions that enhance outcomes,
better manage healthcare delivery costs, increase efficiency, improve healthcare safety, and expand access to health. Because we've been doing this for over 100 years, our portfolio, leadership and partnerships make a difference for global healthcare. For more information, please visit: www.bd biosciences.com

Beckman Coulter

Beckman Coulter, operating company within the Danaher Corporation develops quality clinical diagnostic instruments and assays that enhance laboratories or care networks across the globe. Customers gain access to a suite of innovations in products, services and business processes that enhance clinical effectiveness and operational productivity. The healthcare industry is changing, new challenges require new thinking, delivering fast, quality results to improve patient care. The vision of Beckman Coulter – Advancing Healthcare for Every Person, align ourselves with our customer needs. We are at the heart of discovery, assisting the world’s life sciences customers with solutions that simplify complex processes, automate procedures, and integrate work flows to accelerate breakthroughs in scientific research, medicine, and industry.

bioMérieux

A world leader in the field of in vitro diagnostics for more than 50 years, bioMérieux has a long-standing commitment to improve public health worldwide. The Company is present in more than 150 countries through 42 subsidiaries and a large network of distributors. In 2015, revenues reached 1.965 billion with 90% of international sales. bioMérieux’s solutions (reagents, instruments, software) are mainly used for diagnosing infectious diseases to improve patient health and for detecting microorganisms in agri-food, pharmaceutical, cosmetic and veterinary products to ensure consumer safety. www.biomerieux.com

bioLytical Laboratories

bioLytical Laboratories Inc. based in Richmond, BC, Canada is a privately-owned Canadian company focused on the research, development and commercialization of rapid, point-of-care in vitro medical diagnostics using its proprietary INSTI® technology platform. With a world-wide footprint of regulatory approvals including US FDA approval, Health Canada approval and CE mark, bioLytical sells its INSTI® HIV test globally and INSTI HIV/Syphilis Multiplex test in Europe. In addition, bioLytical launched its INSTI® HIV Self Test in Europe and Africa this year. The INSTI product line provides highly accurate test results in 60 seconds or less.

Celtic Diagnostics

Cepheid

Cepheid is a leading molecular diagnostics company that is dedicated to improving healthcare by developing, manufacturing, and marketing accurate yet easy-to-use molecular systems and tests. By automating highly complex and time-consuming manual procedures, the company’s solutions deliver a better way for institutions of any size to perform sophisticated genetic testing for organisms and genetic-based diseases. Through its strong molecular biology capabilities, the company is focusing on those applications where accurate, rapid, and actionable test results are needed most, in fields such as critical and healthcare-associated infections, sexual health, genetic diseases and cancer.

Clinical and Laboratory Standards Institute (CLSI)

CLSI is a not-for-profit membership organization that brings together the varied perspectives and expertise of the worldwide laboratory community for the advancement of a common cause: to foster excellence in laboratory medicine by developing and implementing medical laboratory standards and guidelines that help laboratories fulfill their responsibilities with efficiency, effectiveness, and global applicability.
**Diagnostics for the Real World**

Diagnostics for the Real World Ltd (DRW), spin out from the University of Cambridge, is an in-vitro diagnostic company that develops, produces and commercialises point-of-care (POC) technologies in the field of infectious disease diagnostics. A unique aspect of the DRW mission is to serve the large but unmet needs in resource-poor settings, e.g. Africa, and provide innovative yet simple and high quality diagnostics to help deliver clinical services to people in real need.

**FIND**

FIND is an international non-profit organization that enables the development and delivery of much-needed diagnostic tests for poverty-related diseases, including tuberculosis, malaria, sleeping sickness, hepatitis C, HIV, leishmaniasis, Buruli ulcer and Chagas disease. Over the last 13 years, FIND has supported the development of 14 new diagnostic tests that address diseases of poverty and established critical resources for the development of many other tests, including specimen banks, product profiles and policy briefs that provide better visibility on pressing diagnostic needs.

**Fisher Scientific**

Fisher Scientific, part of Thermo Fisher Scientific, is the leading supplier of laboratory products and services to the worldwide scientific community. Our portfolio of 1.2 million products, global operations, local presence and experience make us uniquely qualified to support our customer’s global health and environmental initiatives. We are your single resource for today’s research and tomorrow’s discovery. www.fishersci.com

**Hain Lifescience SA (Pty) Ltd**

Hain Lifescience SA (Pty) Ltd opened on 1 April 2009 as an affiliate of Hain Lifescience GmbH. Based in Midrand, South Africa, Hain Lifescience SA (Pty) Ltd is a leading supplier of a full range of “state of the art” diagnostic tests to the market today. We provide the Southern African market with high quality, accurate and cost effective solutions for tuberculosis diagnostics and molecular biology based, diagnostic assays for various microbiological and dental applications, as well as assays for the diagnosis of other genetic conditions and infectious diseases.

**Hologic, Inc.**

Hologic® is a global company using The Science of Sure® to improve lives. The Hologic Diagnostic Solutions division utilizes the latest technology to deliver molecular and viral testing solutions to help patients live healthier. Our advanced instruments and top-performing assays help laboratories streamline workflow and provide consistently accurate results. Our humancare initiative provides global health solutions to patients in resource-limited settings. In molecular testing and viral load monitoring, we deliver scalable, efficient solutions to those who need them most.

**HUMAN Gesellschaft fuer Biochemica und Diagnostica mbH**

For more than 40 years HUMAN is serving the in vitro diagnostic healthcare sector with high quality products, renowned services and individualized support. With R&D and production anchored in Germany and with partners in more than 160 countries HUMAN is regarded as a global player in the IVD industry. In the fight against tuberculosis EIKEN CHEMICAL and HUMAN formed a unique partnership, facilitating the worldwide access to EIKEN’s innovative WHO recommended TB diagnostics with the help of HUMAN’s distribution, service & support excellence.
Human Quality Assessment Services (HuQAS) ................. BOOTH #: 21

HuQAS is an ISO 17043:2010 accredited organization offering Medical Proficiency testing services to laboratories since the year 2000. The organization is headquartered in Nairobi Kenya with operations in Eastern and West Africa. The PT programs offered include Clinical Chemistry, Hematology, Parasitology, Bacteriology, Virology, Lymphocyte Immunophenotyping, NAT, Mycology, Clinical Microscopy and Coagulation Blood Screening. HuQAS also provides technical support services and training such as advanced root cause analysis and CAPA augmenting PT programs. The facility includes an administrative office, an ultramodern laboratory and a training center with a sitting capacity of over 100 people. Contact information: Email: huqas@huqas.org. Tel: 254-020-3542483. www.huqas.org.

ILEX South Africa ................. BOOTH #: 33

ILEX South Africa was established in 1992 as a wholly owned subsidiary of ILEX Medical Ltd. The cornerstone of ILEX SA's success has been a marketing strategy that focuses on customer needs. This ensures that we provide services and products of high quality. The company has had ISO certification since August 2007 and operates in compliance with the procedures while constantly streamlining and improving on them. Our portfolio encompasses a specialized product range for a niche market that includes Molecular Diagnostics, Critical Care, Immunology, Reproductive Health and Bio Technology products. We also specialize in tailor made Laboratory Information Solutions.

Inqaba Biotechnical Industries (Pty) Ltd ................. BOOTH #: J4

Inqaba Biotec is Africa's genomics company which is a provider of services and products in Life Sciences and Molecular Diagnostics such as: DNA synthesis of oligonucleotides and probes • Sanger sequencing and Next generation sequencing service • SNP analysis service • Bioinformatics support • Animal genetics services • Training in molecular techniques and DNA analysis • Providing the support needed for setting up molecular biology laboratories

In addition, Inqaba Biotec represents strong brands from international Life Science and molecular diagnostic companies which makes us a 'one stop shop' for all life science needs.

Lasec SA ......................... BOOTH #: 44

Lasec is an African supplier of many respected international brands of scientific and laboratory equipment as well as our own brand of educational products. We take pride in positioning ourselves as a partner to our clients assisting them in achieving optimal precision, performance and results. Our comprehensive infrastructure in South Africa and beyond includes extensive warehousing, a diverse product range and reliable supply chain capability. We also provide extensive after sales service and maintenance, application support as well as training which makes Lasec the total laboratory solution provider of choice for many satisfied customers. At Lasec we passionately build Africa by providing winning Science, Technology, Health and Education solutions.

LifeHealth, LLC .................... BOOTH #: 20

LifeHealth, LLC is dedicated to improving human health through point-of-care (POC) diagnostic products that provide early disease detection for optimal patient care. LifeHealth is the manufacturer of the IRMA® System, the world's first POC Blood Gas Analyzer, clinically proven with over 20 years of exceptional analytical performance measuring blood gases, electrolytes, and metabolites in settings such as ICU, OR, ER, Trauma, PICU, NICU, CVOR, Respiratory Therapy, Pulmonology, and Home Care.
Longhorn Vaccines and Diagnostics LLC ............ BOOTH #: J8

Longhorn’s PrimeStore® Molecular Transport Medium facilitates and simplifies sample collection and non-hazardous cold chain-free transportation (long distance international shipping without dry ice) by effectively killing viral and bacterial pathogens, preserving and stabilizing naked RNA and DNA at ambient or elevated temperatures for extended periods. PrimeStore MTM® provides safe, non-hazardous human, animal, avian, environmental and other samples for molecular diagnostics, viral loads and NGS. Samples include blood/plasma/serum, fecal, urine, sputum, bodily fluids/secretions swabs, insect vectors and tissue. Sample tubes can be BioBanked for long-term studies. PrimeXtract™ nucleic acid extraction kits, PrimeSuite™ temperature stable RT-PCR premixed assays.

Meridian Bioscience ............ BOOTH #: J5

Meridian Bioscience manufactures diagnostic kits for the early diagnosis of gastrointestinal, respiratory, sexually transmitted, neonatal and newly added blood borne parasitic infections (Malaria). Our diagnostic tests aid clinicians in the appropriate management of patients with acute infections. New extensions to the illumigene® molecular range include two assay options for Malaria. illumigene® Malaria offers our customers high levels of sensitivity with unparalleled ease-of-use on our rapid, molecular platform. Recent additions also include HSV 1/2 and detection of Chlamydia and Gonorrhea and our recently FDA cleared Mycoplasma Direct. We invite you to speak with our experts and learn how Meridian can benefit your laboratory, your budget and healthcare setting.

National Health Laboratory Service ............. BOOTH #: 5

The National Health Laboratory Service (NHLS) is a public health laboratory service with approximately 288 laboratories across the nine provinces of South Africa, excluding depots, and serves approximately 80% of the South African population. NHLS’s Vision is to be “Africa’s centre of excellence for innovative laboratory medicine”, and the Mission is to provide quality, affordable and sustainable health laboratory medicine, provide training for health science education and undertake innovative and relevant research. The NHLS has identified the following Values as the principles that will govern behaviour of all employees within the organisation: • Care • Unity of Purpose • Service Excellence • Transformation • Innovation • Integrity
Omega Diagnostics Ltd . . . . . . . BOOTH #: 42

Omega Diagnostics develops and manufactures high quality IVD products for use in clinical diagnosis at the point of care. Our products include RDTs for HIV, Malaria and Syphilis; they are used in more than 100 countries worldwide, many of them resource-limited. We will be showcasing VISITECT® CD4, the first instrument-free diagnostic test for determining CD4 baseline in people living with HIV that is designed for use at primary care level and in community/outreach settings.

Oneworld Accuracy . . . . . . . . BOOTH #: 10

Oneworld Accuracy is a social enterprise group that advances accurate medical testing through a collaborative EQA (external quality assessment) model. Clinical and research groups embed their science in EQA programs that assess, improve and standardize test results. National groups own the challenge of achieving testing accuracy in their countries and become national EQA providers. This collaborative model underpins EQAfrica, an initiative to strengthen African healthcare infrastructure through national, networked EQA in every African country. EQAfrica is off to a great start with support from 25 national EQA groups, 10 active and 15 more in pilot.

OraSure Technologies, Inc. . . . . . . . . . BOOTH #: 17

OraSure Technologies manufactures oral fluid devices and other technologies designed to detect or diagnose critical medical conditions. Its innovative products include rapid tests for HIV and HCV antibodies, Ebola infection, influenza antigens, testing solutions for detecting drugs of abuse, and oral fluid sample collection, stabilization and preparation products for molecular diagnostic applications.

PerkinElmer South Africa (Pty) Ltd . . . . . . . BOOTH #: J9

PerkinElmer is a global company focused on improving the health and safety of people and their environment. PerkinElmer offers complete screening solutions within the field of foetal and maternal healthcare for the early detection of pregnancy related anomalies. PerkinElmer is proud to introduce the first commercial T-cell Receptor Excision Circle (TREC) screening assay; part of a complete system for the effective screening of Severe Combined Immunodeficiency (SCID). PerkinElmer’s chemagen Technology platform provides high-quality automated nucleic acid isolation solutions combining sample volume flexibility (10µl – 10 ml) with high throughput capability within one instrument.

QIAGEN . . . . . . . . . . . . . . . . . BOOTH #: 27

QIAGEN is the leading global provider of Sample to Insight solutions to transform biological materials into valuable molecular insights. QIAGEN sample technologies isolate and process DNA, RNA and proteins from blood, tissue and other materials. Assay technologies make these biomolecules visible and ready for analysis. Bioinformatics software and knowledge bases interpret data to report relevant, actionable insights. Automation solutions tie these together in seamless and cost-effective molecular testing workflows. QIAGEN provides these workflows to more than 500,000 customers around the world in Molecular Diagnostics (human healthcare), Applied Testing (forensics, veterinary testing and food safety), Pharma (pharmaceutical and biotechnology companies) and Academia (life sciences research). Further information can be found at http://www.qiagen.com.

Quidel Corporation . . . . . . . . . . . . . . . . BOOTH #: J2

Quidel® Corporation is committed to enhancing health and well-being through innovative diagnostic solutions. Quidel assays use lateral-flow, direct fluorescent antibody, molecular and other technologies to improve patient outcomes and give economic benefits to healthcare providers. With leading brands - QuickVue®, AmpliVue®, Lyra™, MicroVue™, D3 Direct Detection™, Thyretain®, Sofia®, and Solana™, Quidel aids in the detection and diagnosis of critical diseases and conditions. www.quidel.com
Right to Care
Right to Care is at the vanguard in supporting and delivering prevention, care, and treatment services for HIV and associated diseases. We work with government and communities to find pioneering solutions to build and strengthen public healthcare. We embrace a strong entrepreneurial culture and focused on innovation and technology to enhance services, address skills shortages and deliver quality healthcare outcomes. Our areas of expertise include HIV, TB care and treatment, pharmacy automation, medical male circumcision and cervical cancer diagnosis and treatment. Research fortifies our work in every field. Our experts share their knowledge at conferences, trainings and articles published in peer-reviewed journals.

Roche Diagnostics
Roche, a pharmaceutical company founded in Basel, Switzerland creates innovative medicines and diagnostic tests that help millions of patients globally. A leader in personalised healthcare, Roche was one of the first companies to bring targeted treatments to patients. Our purpose statement of “Doing now what patients need next” ensures we deliver medical solutions right now while we develop innovations for the future. Our local South African organization is ISO 13485 certified and committed to capacity building initiatives through ongoing training of laboratory scientists at the Roche Scientific Campus and through our training partnership with African Centre for Integrated Laboratory Training (ACILT) ensuring highest quality and reliable results. http://www.roche.com.

Sysmex
Sysmex is a global leader in diagnostic testing, we provide laboratories in the healthcare market with the tools, service and support they need to meet the challenges of increasing demands. We are committed to using our creativity, experience, and scientific knowledge to shape the future of the laboratory. Sysmex South Africa Ltd is the distributors and support network for automated Haematology, Haemostasis, Urinalysis and newly acquired Essential Health Care analysers, for laboratories and healthcare facilities within Southern Africa and East Africa. Sysmex has a reputation for high quality products, service, reliability and training. As a customer-centric company, we place great emphasis on the quality of our advice and service and have a dedicated team to help with Technical and Application support or questions.

SystemOne
SystemOne’s GxAlert and Aspect software currently work in 32 developing countries, moving real-time data from lab-based and POC diagnostic devices for numerous diseases including TB/DR-TB, HIV Viral Load, Malaria, Ebola, HCV and more. Our dashboards and alerts help clinical teams identify and respond to disease, manage consumables, ensure timely and accurate reporting, facilitate QA, manage devices and reduce cost of ownership and the real cost of consumables. Working with funders, ministries of health and device manufacturers, SystemOne has built the ideal device-agnostic platform for connected diagnostics.

SSI Diagnostica
SSI Diagnostica develops, produces, and sells in vitro diagnostic products for clinical microbiology. We also sell products for veterinary diagnostics, food control, as well as environmental and hygiene control to the global market. We produce antisera, culture media, immunoassays, and PCR kits - everything in advanced production facilities. We also offer many niche products based on specific wishes. We continuously develop new in vitro diagnostics. Our main emphasis is on the development of new diagnostic kits using modern technologies that match our current product areas. We develop new products in close cooperation with customers and our diagnostic international partners.
The Global Health Network . . . BOOTH #: 23

The Global Health Network is an online science park that aims to accelerate and streamline research and allows researchers to work together without geographical, institutional or financial barriers. At end September 2016, The Global Health Network consists of over 30 interconnected research communities, with over 855,600 visits, over 81,800 individual site memberships and more than 38,000 tools or document downloads. Importantly, over 154,000 online eLearning modules have been taken. The result is a productive, interactive environment where research teams are accessing peers, generating research documents, acquiring technical expertise and developing new protocols in open collaboration.

The Scientific Group . . . . . . . . BOOTH #: 41

The Scientific Group is a Clinical Diagnostic and Life Science company with 32 years’ experience in sales and service in the Science and Healthcare industry. We supply, support and service Diagnostic laboratory equipment and consumables to Pathology laboratories and provide Research institutions and Science companies with a comprehensive range of high-tech equipment & associated consumables as well general lab reagents and consumables. The Scientific Group is a wholly owned subsidiary of Ascendis Health and together with Respiratory Care Africa (RCA) and Surgical Innovations (SI), we form the Ascendis Medical Division.

Thistle QA – Part of the LGC Group . . . . . . . . BOOTH #: 19

Thistle QA – Part of the LGC Group – is a well-established, prestigious company based in Johannesburg, South Africa that supplies clinical EQA to laboratories. It was first established in 1990 and was the first South African PT service provider (PTS0001) to be accredited by SANAS according to ISO 17043. The EQA schemes provided are of an international standard and cover a wide range of pathology programmes. Our data is stored securely, permanently and confidentially. Among our many value added benefits are a wide range of reports, instrument validation samples and full lab assistance with trouble shooting either through workshops and bench consultations or quality CEU-point seminars which are conducted by one of our qualified and HPCSA registered staff.

Worldwide Diagnostics . . . . . . . . BOOTH #: 9

Established in 1997, Worldwide Diagnostics supplies a complete range of medical products to the African market. We specialize in single source procurement to meet all your medical needs. We work to find the best solution for your requirements. We can handle specifying, procurement, warehousing, shipping, installation, and training. We have relationships with most the medical manufacturers and can meet all your needs. We look forward to the opportunity of working with you. info@worldwidediagnostics.com. www.worldwidediagnostics.com.
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2. The Role of Procalcitonin in Neonatal Sepsis at The Nairobi Hospital-Kenya
3. Bacterial nosocomial pathogens and their antibiotic susceptibility pattern from intensive care units of the University of Maiduguri Teaching Hospital, Nigeria
5. Predictors of Tuberculosis treatment outcomes by HIV status in Western Kenya
6. Use of standardized electronic tools for harmonized data collection across multiple countries and projects
8. Addressing institutional barriers to improve access to Dry Blood sample in rural Northwestern Nigeria: a 12-month retrospective data review of Partnership with Nigeria Poster Service for sample transportation
10. Assessment of primary, secondary and tertiary health facilities across Four States in Nigeria: A cross sectional study on strengthening disease diagnostic network through laboratory service availability for integrated disease surveillance and response (IDSR) priority diseases.
11. Nonfermenting Gram Negative Bacilli Clinical Infections in a Nigerian University Hospital
13. Increasing trend of NTM isolated in Botswana: a need for NTM drug susceptibility testing?
15. Impact of mentoring and supervision on GeneXpert Laboratories- the NACA experience.
16. Antibiotic susceptibility of Mycoplasma hominis and Ureaplasma urealyticum collected from senegalese women in Dakar during 2015
17. Re-occurring Crimean-Congo hemorrhagic fever outbreaks in Uganda; an investigational report of the 2015 outbreak.
18. Implementation of a Quality Management System at the Viral Hemorrhagic Fevers laboratory, Entebbe, Uganda
19. Assuring Quality of HIV Rapid Testing Performed by Lay Counsellor Testers in 2014 Integrated Biological and Behavioural Surveillance Survey (IBBSS) in Nigeria
20. Review of the Ebola Virus Disease (EVD) Laboratory Training of the Sierra Leone National Response Team
21. Lessons Learnt from National HIV Viral Load Implementation and Scale-Up in South Africa
22. CXCL10 Gene Promoter Polymorphism -1447 A>G Correlates with Plasma CXCL10 Levels and is Associated with Susceptibility to Malaria in Ghanaian Children
23. Role of Heme and CXCL10 in Malaria pathogenesis
24. PCR as an important tool for the estimation of the burden of malaria during pregnancy in women receiving IPTp-SP
25. Sero-prevalence and factors associated with rubella infection among pregnant women attending antenatal care services at Mulago National Referral Hospital in Kampala, Uganda.
26. Dynamics of Evolution of Poliovirus Neutralizing Antigenic Sites and Other Capsid Functional Domains during a Large and Prolonged Outbreak in Nigeria
27. Prevalence of Schistosomiasis Among School Children of Fatima Aloï Demonstration Primary School, Alebtong District
28. Influenza vaccine un- neutralized viruses associated with a specific seasonality pattern in Uganda: the HA/ HAI approach
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